6.7		(1
1		12
	ж.	1

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Washington	Registration Dist. No. 302
Village or City Lagerstown	Not ashington bounty Hoster 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Paul abanese	If U. S. Veteran, specify WAR
(a) Residence: No. 2 3 2 Summular (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH 30 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Not Knows	If ast saw has alive on days 1927; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and this occu	Coum Hermhoge ansa
10. Data daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Staley (State or country)	Dither Contributory Causes of importance: hypertures up
1	Section Sections,
13. NAME Momas allvanese 14. BIRTHPLACE (city or town) D f	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME THAY Fundata. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Rosie & - Rivereto	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Rochaster n. y.	
18. BURIAL, CREMATION, OR REMOVAL Place Date	Manner of Injury
19. UNDERTAKER le-M. Sutur Flass,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lagartlawn nach	If so, specify
20. FILED 2 - 2 - 1929 10 West Bowers	(Signed) M.D.
Registrar.	(Address)

STATE OF MARYI AND CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALDENI V. B	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	County ashington					Registration Dist. No. 30	12
	Village or City dagenstown					No. Mashington Co. Hospitast,	3Ward
	Length of residence	ce in city or town w	here death	occurred		death occurred in a horpital or institution, give its NAME instead of street and n	
	. FULL NAME	Omer	211	Dir Ar	derson	If U.S. Veteran specify WAR	
					lliamspo:	rt St. Ward.	
-	(4) 110014011002			(Usual place of		If nonresident give city or town and	State
		AND STAT	1			MEDICAL CERTIFICATE OF DEATH	
3.	Male 4.	white	197		(write the word)	21. DATE OF DEATH (Month) (Oay)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lary Ridenour Deceased				Decea	sed	22. IHEREBY CERTIFY, That Jattended of	
6.	DATE OF BIRTH (mor	nth, day, end year)	Sept	. ió	i864	1 1 1 1 9 - 77	; death is said
7.	AGE Years	Month	s	Oays	if LESS than	to have occurred on the dete stated above, et	
	72	4		177	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oste of enset
NO	8. Trede, profession kind of work	n, or particular done, es SPINNER	. 7:	nor		P) Port of the same of	1 103
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occupation (month and				X-X-X-T		Jean gor green	7-70
CUF	SAW MILL, B	ne, es SILK MILL, BANK, etc	LAK	rork			
00		est worked et on (month and	VTS		ne (years) t in this pation		
		09.0	rlto			Other Contributory Causes of importance:	
12	BIRTHPLACE (city or (State or country)	101111/		ington	Ma.	A) aliter	19.70
ER	13. NAME Jac	ob Brub	aker				700
FATHER	14. BIRTHPLACE (cit	tv or town)				Name of operation Dete of	
-	(State or cou		edri	ck Co.		Whet test confirmed diegnosis? Was there an a	utopsy?
15. MAIOEN NAME Martha Miller						23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Martha Miller 16. BIRTHPLACE (city or town) Charlton						Accident, suicide, or homicide? Oate of injury	, 19
(State or country) WasningtonCo.				ningto	noo.	Where did injury occur? (Specify city or town, county and State	:)
17. INFORMANT Urs. Guy Ha inn (Address) Williamsport md.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, OR REMOVAL CHEETY Feb. 1,1937					0. 1,1937	Manner of injury	
19. UNDERTAKER & dittle Vi Leaf			Gaf) a	24. Was disease or injury in eny way related to occupation of deceased?		
_	(Address) 70	hurch St	rest	, willer	amsport	If so, specify	
20	FILEO / - 3.0	19.37	alle	est!	20200	(Signed)	M. O.
l					Registrar.	(Andress) - Figure 1	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1921		Run over by street car	1 week ago	
Cerebral hemorrhage FFB 8 1937	July 5, 1927	Peritonitis	3 days ago	
SENEAU V. S.	A			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-NFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING mation should be carefully supplied. LY, WITH ON. B.—WRITE PL.

Q V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIF	ICA1	F)F	DEAT	rh
			DIND.	CEILLI				ULA:	-

1. PLACE OF DEATH	
county 11 (asbington	Registration Dist. No. 302
Village or City Hayon Stown	No. 19 Sa. Foundry St. 2 Ward
(Ii	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Q1.11 D 5. 1 -	now long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME It 1 Donn Daby Geo. 1	Dansey 100. S. Veteran, specify WAR
(a) Residence: No. 19 So town of Company (Usual place of abody)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Wike OR DIVORCED (write the word)	Jany - 4 , 193 ,
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettanded deceased from
	Jan 2 4, 1937, 10 Jan 24, 1937
6. DATE OF BIRTH (month, day, and year)) acy > 4- 1431	l last shun alive on, 19; death is said
7. AGE Years Months Days If LESS (han 1 day,	to have occurred on the data stated ebova, attt.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trada, prolession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	C1400 10
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and	ouer order
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Dther Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Hage & Stoun	
(State or country)	
13. NAME Terra e Barer 14. BIRTHPLACE (city or town) Hager Stown	
14. BIRTHPLACE (city or town) Hagex Stoum	Neme of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Zelda Pennecker-	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Chaushers burg	Accident, sulcide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Kuth hong	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagey Stown ma.	
18. BURIAL, CREMATION, OR REMOVAL Place to a CY Stown Luck Data Jacu- 25, 1937	Manner of injury
	Natura (1 injury
19. UNDERTAKER 17 17. Cult fre ale	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Acceptouring	If so, specify
20. FILED 1 - 29-, 1931-11/12011 (15010EV)	(Signed) M. D.
Registrar.	(Addrass) fruges burne

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 5.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 821
1. PLACE OF DEATH	93-6
County Upashington	Registration Dist. No. 50 2
Village or City	No. 1022 Popu an St. Ward
Length of residence in city or town where death occurred 1 \$\frac{1}{2} \text{cr} = \text{mos}	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
6 . 0 . 0 .	
2. FULL NAME Darah Kelucca Do	Voteran, specify main
(a) Residence: No. (Usual place of abode)	. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Oay) (Vaar)
5a. If married, widowed, or diverced HUSBANO of	
(Or) WIFE OF Sameon Blickenstall	22. HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and yeer)	last saw h 2 alive on 11/1-1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 210.m.
78 3 /9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8 Trade numbersion or particular	mera as rollows: Date of one of
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	and the same of th
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this necuration (month and	Toronela- preumonia Jan 7
10. Oata deceased last worked at 11. Total time (years)	() (937
this occupation (month and year)	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) myersalle	Other Contributory Cases of Importance.
(State or country)	Chrome myocardital ?
13. NAME Samuel Batter 14. BIRTHPLACE (city or town).	
	Nema of oparetion
(State or country)	What test confirmed diagnosis? Was there an autopsy?
2000	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16, BIRTHPLACE (city or town).	Accidant, suicide, or homicide?
17. INFORMANT Mrs. manie Stayl	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Pleca & tel fell . Oate any \$3. 19.37	Nature of Injury.
19. UNDERTAKER COM D. 1000 Son	24. Was disaasa or injury in eny wey ralated to coupation of depassad?
(Addrass) Bouseline my	If so, spacify
20, FILED / - / 2 - , 1937 6 Mast Bower	(Signad) M. D.
Registrar.	(Addrass) . Hag estavor Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTERIES	CERTIFICATE OF BEATT
1. PLACE OF DEATH	93-
County Washington	Registration Dist. No. 302
Village or City A College Office	No. 30 West Side and IX Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma Bown	If U. S. Veteran, specify WAR
(a) Residence: No. 30 West Side	aust / * Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	(month) (bay) (rear)
(or) WIFE of Michael 8,	22. I HEREBY CERTIFY. That I attended deceased from
0 16/3	Det 1, 1936, 10 Jan 2, 1937
6. DATE OF BIRTH (month, day, and year) DRC - 5 - 186 4	I last saw h alive on, 19.0, death is said
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at
74 0 28 ormin.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chathina 1911
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et this occupation (month end	
this occupation (month end spent in this occupation	
/1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Che Myoraidetes 1915
(State or country)	
13. NAME Muchael Wilder 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME The appaline Stove	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT 74/10 W-S. Lewen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hugeistown Md.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Nanovel, Ca Data Jun 5, 1937	Nature of injury
10 HADESTAVED &- W. Suter 8 Sons	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	If so, specify
1 - 5 - 37 la Mastilla - 180	(Signed) Chest Cowad M. D.
20. FILED	(Address) dagas fowy, Md,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FFR 8 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones M		Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

6 unad

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. ALY, WITH UNFADING INK-THIS IS A PERMANENT RI LARGIN RESERVED FOR BINDING N. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH (,	- D & 323
County Nashington	/ Registration Dist. No. 362
Village or City Hagepslaww Md	No. 3 6 West Side and St., Ward death occurred in a hospital or institution, give its NAME instead of streat and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Michael & Down	man ,
(a) Residence: No. Halls West (Fa) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mal Mule Hidawer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Curry Dawman	J977 / 1937 to J977 / 10 1937
6. DATE OF BIRTH (month, day, and year) 7-13-1857	I last saw h_1277 alive on Jan, 16 1937 : death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2.4 m.
79 6 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows
8 Trade profession or particular	Chu. Myocardetio, Pate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr. Lutatatural Kersleytia Jan 1934
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	7
10. Data daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Herdelburg Jule. (State or country)	Other Coutributory Causes of importance:
13. NAME Herry Bazoryaw	
13. NAME Perry Sagradary 14. BIRTHPLACE (city or town) Heigelburge Trops. (Stata or country)	Nama of operation force Date of 1
	what test confirmed diagnosis?
E CONTRACTOR OF THE PROPERTY O	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
State or county)	Accident, suicide, or homicide?
17. INFORMANT albu la Grand and (Address)	Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manus of Islam
Place fanouer la Date June 1,1937	Manner of injury
19. UNDERTAKER 19. 1. Maysett	24. Was disease or injury In any way related to occupation of deceased?
1-15- 37 6- 463	(Signed) / lotest / Comod M.D.
20. FILED 1991, 1991 ACCOUNT Registrar.	(Addrass) Hageistowy, Md
If more blanks are needed, address State Registrar	2411 N. Charles Street Relimore Properties (7) S. No.

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- 9.—The industry or business in which the work was done.

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- 11.—The number of vears the deceased followed the occupation.

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-WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE OF DEAT	гн			A14 2 23
	Village or City H		wn	yrs. 11 mos	Registration Dist. No. Whoshington County Hospitalst., 3 Ward death accurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. II of foreign birth? yrs. mos. ds.
	2. FULL NAME(a) Residence: No			Blvd.	St., Ward. If nonresident give city or town and State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.		r or race ite	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH January 18 (Month) (Day) (Year)
5a.	. If marriad, widowed, or divo HUSBAND of (or) WIFE of	rcad			22. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day	, and year) Ja	n. 28,	1936	I last saw h. L.M. aliva on
	AGE Yaars	Months 11	Days 21	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ER 10 OCCUPATION	kind of work done, SAWYER, BODKKEE 9. industry or business in work was dona, as S SAW MILL, BANK, a 10. Oata decaased last wor this occupation (more year) BIRTHPLACE (city or town) (State or country) 13. NAME ITA BU	which silk MILL, ofte	spa:	me (yaars) nt in this pation	Other Contributory Causes of Importance:
FATH	14. BIRTHPLACE (city or to (State or country)	W11/	n- Dixo	n	Name of operation Data of Was there an au'opsy?
MOTHER	16. BIRTHPLACE (city or to (Stata or country)	ora M. Wasc Burket	n- Dixo	n	23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
		erstown REMDVAL	, Md.	20 ,1937	Manner of Injury
-	(Address) Hag	d W. Kr erstown		owest Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signad) (Address) Id 9 WWWIL

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HISTAU V. S.	-		100	
Other contributory causes of importance:		Other contributory causes of importance:	FZ-31, 21	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	ř		- ,	
	1.7.			

N. B.

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1	. PLACE OF DEA				95.		7 2 2	
	County	shington				Registration Dist	No. 302	~
	Village or City Ha	agerstown				th Street		Ward
				30	death occurred in a horpital	or institution, give its NAME inst J.S. If of foreign birth?	tead of street and number)	
	Length of residence in o				ds. How long in t	J.S. If of foreign birth?	yrsmos	0\$.
2	. FULL NAME	David R			If U. S. Ve	teran, specify WAR		
	(a) Residence: No.	332 Sout	h Stre	eet	St.,Ward.			
KURE			(Usual piac				city or town and State	
	PERSONAL AN					AL CERTIFICATE O	F DEATH	
	Male Whi			RRIED, WIDOWED. ED (write the word) Led	21. DATE OF DEA	January 5,	(Day) (Yes	, ar)
5a.	If marriad, widowed, or div	orced						
	HUSBAND of (or) WIFE of Sa	arah Buss	ard		22. 0/, 1 HER	EBY CERTIFY.	That attended deceased	d from
		Dog	. 29,	1854	0.1	, 19.36, to/	7 195	7-
	DATE OF BIRTH (month, da				I last saw hater aliva	10:30	; death	is said
7.	AGE Yeers 82	Months	Days	If LESS than I day,hrs.	to have occurred on the de		Im.	
_	0.0		'	ormin.	were as follows:	1 -1	Datagi	fonset
Z	8. Trede, profession, or p		abore	r	arterio sel	estue Cardio Vu	scular 10 yr	1. 490
E	SAWYER, BOOKKE	EPER, etc.	anore:		disease	A		-/
J.P.	9, Industry or business I work was done, as	SILK MILL,			Myocardia	1 tailure	1/3/	139
OCCUPATION	JO. Data decaasad last wo	orkad at	11. Total	time (yaars)	-			
0	this occupation (my		sp oc	time (yaars) ant in This cupetion				
		Carroll	Count	tw.	Other Contributary Causes	of importence:		
12.	BIRTHPLACE (city or Iown (State or country)	Md.	00001		-			
2		dolph Bus	go rd					····
FATHER						t		
FAT	14. BIRTHPLACE (city or t	town) Carror Md.	1 Cour	1 LY	Name of operation	A 1	Dete of	10
œ	_	_			What test confirmed diegn		Was Ihere an autopsy?	
MOTHE	15. MAIDEN NAME	lary Ann				rnel causas (VIOL ENCE) fill In		
10	16. BIRTHPLACE (city or t	(VWII)	rick (Jounty		cide? Data	of injury, 19	
-	(State or country)	Md.			Whera did Injury occur?		n, county and State)	
17	(Address) Hage			1	Specify whether injury oc	curred in INDÚSTRY, in HOME,	or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR		-	n 7.0	Menner of injury			
	Placa Hagers	town, Md.	Date Jai	1. 7 1937	Neture of injury	~= ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Fre	ed W. Kra	iss.		24. Was disease or injury	n any way related to occurpation	of deceased? No	
19		gerstown,			If so, specify	11/		
	1-7-	27 /196	11 Hr	3. 41	(Signed)	o gurng		M D
20	FILED.	, 190	47-1,60	Registrar	(Address)	100 pt 100		m. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

RGIN RESERVED

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Arteriosclerosis & L	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUFFAIT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	UL	MAKIL	ANU-	CERTIFI	CAIL	OF	DEALL

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0	4	1

1. PLACE OF DEATH		(197)
County Washington		Registration Dist. Np. 302
Village or City Hagerston	m. Maryland.	No. Washington County Hospital 3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where d	leath occurred 58 yrs 10	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John A.	lonlev	If U.S. Veteran specify WAR
(a) Residence: No. Williams		St. 1 Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	0-0-193
5a. If married, widowed, or divorced	1 Mailieu	(Month) (Day) (Year)
HUSBAND of Mrs. Bessie	Conley	22. I HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
6. DATE OF BIRTH (month, day, and year) 14 2.	rch 17,1878	list saw h Lana alive on Don
7. AGE Years Months	Days If LESS that	
58 10	5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) William (Stata or country) Waryland	msport,	Dther Contributory Causea of importance:
II I3. NAME John Conley		
13. NAME John Conley 14. BIRTHPLACE (city or town) Will.i (State or country) Mary)	amsport,	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary E. B	Villiams	23. If death was dua to axternal causes (VIDL ENCE) fill In also tha following:
15. MAIDEN NAME Mary E. R. 16. BIRTHPLACE (city or town) Nill (State or country) Maryl	iamsport,	Accident, suicida, or homicide?
I7. INFORMANT Mrs. Maurice (Address) illiam sport:	Bowser	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	eryjan. 24 193	Manner of injury
19. UNDERTAKER & State Samuel St. (Address) 7 Church St.	Leaf William south	24. Was disease or injury in any way related to occupation of deceased? \(\sigma \) \(\sigma \) If so, specify
20. FILED 1 - 2 3 - 19 37 Sollar	Registrar.	(Signed) M. D. (Address) 1120 lineur fam.

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Chronic interstitut nephritis VE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3. days ago	
FEB 8 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		
			шаратун	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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item of infor-	should state	of OCCUPA-	1
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PERMANENT	BXACTLY	rly classified.	cate.
-THIS IS A	uld be state	lay be prope	ack of certification
ADING INK-	d. AGE shor	, so that it m	ructions on ba
WITH UNF.	efully supplie	in plain terms	TION is very important. See instructions on back of certificate.
PLAINLY,	should be car	OF DEATH	very importa
B.—WRITE	mation	CAUSE	TION is

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	828
1.	PLACE OF DEAT	ГН				1
	County Nashi				Registration Dist. No. 3 Co	/
	Village westly Ne	ar Pine	sburg		No	Ward
	Length of residence In cit	ty or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and n	
2.	FULL NAME Ge			illy	If U.S. Veteran specify WAR	*
	(a) Residence: No.]	Near Pi	nesburg (Usual place	of abode)	St, Ward. If nonresident give city or town and	State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	le Whi			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	193
	married, widowed, or divo HUSBAND of (or) WIFE of *****	te ale ale ale ale ale ale	********	n afe afe nije nije nije nije	22. I HEREBY CERTIFY. Thet I attended of	, 19.3.7.
6. DA	TE OF BIRTH (month, day	, and year)	ay, 2, 18	376	I last saw h some elive on	; death is said
7. AGI		Months	Days	If LESS than	to have occurred on the date stated above, at /_ / 2 / / // // // // // // // // // // /	
	60	8	8	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
CUPAT	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, as S SAW MILL, BANK, e 0. Date deceased last wor this occupation (moi year)	which ILK MILL, ** tc	本申本中本中中 11. Total ti spar	w w w w w w me (years) nt in this w w w pation		
12. BI	RTHPLACE (city or town) (State or country)	Clearsp aryland	ring		Other Contributory Causes of importance:	1934
企 1	3. NAME Willia	m Crill	V			
FATHER	4. BIRTHPLACE (city or to (Stete or country)		****	k 34:	Name of operation Date of What test confirmed diegnosis? Wes there an a	utopsy?
1 1	5. MAIDEN NAMER 1 1	zabeth	Miller		23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
Σ	6. BIRTHPLACE (city or to (State or country)	wn) Clear Maryla liam C	nd	1	Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA)
	(Address) Wind	yport,	a/Ra	d		
18. BL	Place N-T-01-ea	r Cemet rspring	eryjan.	12 ,1937	Manner of injury Nature of injury	
19. Ur	(Address) Tehru	the st	Willion	sport, Md	24. Was disease or injury in any way related to occupation of deceased?	
20. FI	LED Janife	376	6. Vole	Kasa.	(Signed) David I, Grewer (Address) Clausping	Md.
(If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis - 0 1027	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage V. B.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN	
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V. S. No. 1

STATE OF MARYL	AND-CERTIFICATE	OF DEATH
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1. PLACE	OF DEATI	H			10
County		Washin	gton		Registration Dist. No. 302
Village or	CityH	lagerst	own	, (If	No. 50 W. North Street St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL N					If U. S. Veteran, specify WAR
(a) Resid	ence: No	Q W N	Orth St	reet	St., St., Ward. If nonresident give city or town and State
			CAL PARTI		MEDICAL CERTIFICATE OF DEATH
s. sex Male	4. COLOR	or race	5. SINGLE, MAR OR DIVORCE Marri	RfED, WfDOWED, D (revite the word) ed	21. DATE OF DEATH January 1, 193 7 (Month) (Day) (Year)
5a. If married, wid HUSBAND of (or) WIFE of		Ella	Cross	/	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTI	W (month day a	and years A	Je Kurk	1885	I lest saw h Lise alive on the first said
	ears 50	Months	Days	If LESS than f day,hrs.	to have occurred on the date steted above, at 2 • 30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data elegest
SAWYI 9. Industry o work v SAW M	r business in v was done, as SIL NILL, BANK, etc	SPINNER, ER, etc which K MILL,	Jani	tor	Total Ruemuoma 12:71-3
year)		Westmi	spa oct	ime (years) nt in this upation	Other Contributory Causes of importance:
(State or co		Md.			
F4. BIRTHPLA) Westr	inister Id.		Neme of operation Date of What test confirmed diagnosis: Desceed Was there an au'opsy?
		•	id.	1	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT (Address)	Mrs. I Hage:	Ella Cr	oss,		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8. BURIAL, CREM	gerst	own, Md	•Date Jar	4 ,1937	Manner of Injury
19. UNDERTAKER (Address)	Hage	d W. Kr		73 -4	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED.	4, 19	37.10	north	Powers. Registrar.	(Signed) (Address) Tages Truy Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. L. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

O	")	11
0	13	U

1. PLA	CE OF DEA	TH			942
Cou	inty Wa	shingto	n		Registration Dist. No. 303
Ville		agersto		4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	No. 321 Linganore Avenue St., 5 Ward
V 1111	age of only			40 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Leng	gth of residence In c	ity or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FUL	L NAME W	illiam	E. Cush	en	If U. S. Veteran, specify WAR
(a)	Residence: No	321 L	inganor	e Avenue	St. 5 Ward.
(0)	Tropiaditos: Tros.		(Usual place		If nonresident give city or town and State
PE	RSONAL AN	ID STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Male		or or race		RIFD, WIDOWED, D (qurite the word) E C	21. DATE OF DEATH January 30 1, 193 7 (Month) (Day) (Year)
HUSBA	ed, widowed, or divo		Cushen		22. HEREBY CERTIFY, That lattended deceased from
6. DATE OF	BIRTH (month, da	y, and year)	May 12,	1865	liast saw h. Land alive on 1920, to 12, 1932; death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the dete stated above, et \$ 2.4.5 A.m.
	71	8	18	1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Tre	de, profession, or p	articular	0	04	f
9	kind of work done, as SPINNER, Grocery Store				Coronay Montoses
9. Ind	ustry or business li work was done, as SAW MILL, BANK,	n which SILK MILL,	Pr	op.	
10. Dal	SAW MILL, BANK, te deceased last wo		11 Total	ime (vears)	
00	this occupation (mo	nth and	Spe occ	ime (years) nt in this upation	
		Weahi	ngton C		Other Contributory Canoco of Importence:
	LACE (city or town) ite or country)		Md.	ourroy	
1		t H. Cu	shen		
I		We a	hington	County	
¥ 14. BIR	THPLACE (city or to (State or country)	own)	Md.	Country	Name of operation
		usan Ga	rver		What test confirmed diagnosis?
Ξ		Wooln	ington	7011n+37	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIR	THPLACE (city or to (State or country)		d.	Jo an cy	Accident, sulcide, or homlcide?
					Where did injury occur?(Specify city or town, county and State)
	ANT Wilbu				Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18 RURIAL	dress) Hager , CREMATION, OR	S TOWN	Md. R	0.2	
			. Date Feb	1 ,19 37	Manner oi Injury
7100					nature of injury
19. UNDER		d W. Kr			24. Wes disease or injury in any wey related to occupation of deceased?
(Ad	dress) Hag	erstowa	Md of	5	If so, specify
20. FILED	2-1-	191 1 10h	001/10	owest	(Signed)
				Registrar.	(Address) Har Qual Dura

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral homorrhage WAR 8 1987	July 5,1927	Peritonitis	3 days ago	
Washington V. 6	18			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

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Example 1	CALL V.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance.	
Other contributory causes of importance;	27	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	93	6.3
200	-7	1
	1	6
-	100	

1. PLACE OF DEATH	88:70
County Washing Ton	Registration Dist. No. 30 Z
AUTER OCCUPANTILIMITS OF	application County Has bout a 13 word
Village or City 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Dea Showing Dave	If U. S. Veteran, specify WAR
(a) Residence: No. 405 M Sounthan	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DtVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4-9-1863	I far saw h. M. alive on 49-11-29, 19-37; death Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated vove, at 92.5 Am.
73 9 3 h 1 day,hrs.	THE EXPOSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cretral Hemorhage 112965
9. Industry or business in which	112/p
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	
12. BIRTHPLACE (city or town) Harris outurg	Other Coutributory Causes of importance:
(State or country)	Vicition disch (Witati 1/36kg
13, NAME THOMUSE & ONES	The section of the se
13. NAME HOME A OUT A THE STATE OF THE STATE	Name of operation. Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Quality Was there an autopsy? 200
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	
Harrist 10 and	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 46.15	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Note Date 1997	- Nature of injury
Will state of the	200
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decesed?
(Audiess)	of so, specify
20. FILED 192/19/10/10/10	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A COURT	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rilis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	MAR 8 1937	July 5,1927	Peritonitis	3 days ago
	STATES VE	1 1 1		
Other contributory can	uses of importance:	Jr.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1	. PLACE OF DEATH			107.00
	County Washingto	an	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Registration Dist. No. 302
	Village or City Hagers	stown		No.Washington County Hospistal Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where	death occurred	yrs 5 mos	1. 16 ds. How long In U.S. if at foreign birth?
2	. FULL NAME Wanda]	Lucille	Davis	If U. S. Veteran, specify WAR
	(a) Residence: No. Hagers:	town Mo	of shode)	St., 5 Ward. If nonresident give city or town and State
and and	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. 3	Female 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 31, 193 7 (Month) (Day) (Year)
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE ot			22. HEREBY CERTIFY, That I attended daceased from
6.	DATE OF BIRTH (month, day, end yeer)	ug. 15,	1935	last sew her alive on 21, 1937; death is said
7	AGE Years Months	Days	It LESS than 1 day,hrs.	to heve occurred on the date steted (bove, at 2:00Am.
	1 5	16	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
NO	8. Trade, protession, or perticular kind of work done, as SPINNER, Infant			By I P
OCCUPATION	9 Industry or business in which	#11# CO11 9	******	- June - dillase muse
UP	work was done, as SILK MILL, SAW MILL, BANK, etc			- International Contractions of the Contraction of
000	10. Data daceased lest worked at this occupation (month and yeer)	spa spa	time (years) ent in this upetion	
12.	BIRTHPLACE (city or town) Hagers: (State or country) Md.	town,		Other Centributory Causes of Importance: Car diase fully burling
ER	13. NAME Norman W. Da	avis		9
FATHER	14. BIRTHPLACE (city or town)	hington Md.	County	Name of operation Dete of Whet test confirmed diegnosis? Clause al Was there an au'opsy? Www
ER	15. MAIDEN NAME Margaret	Rockwel	1.1	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Lart. (Stete or country)	insburg. Va.		Accident, suicide, or homicide?
17.	INFORMANT Norman W. D. (Address) Hagerstown			(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL			Manner of Injury
	Plece Hagerstown, M	d. _{Dete} Feb	· 2, 1937	- Neture of Injury
19	. UNDERTAKER Fred W. Kr (Address) Haserstown		/	24. Wes disease or injury In any way related to occupation ot deceased?
20	FILED 2 - 1- 1937	herfi	Source Registrar.	(Signed) Address) Hagerstown, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, , , , , , , , , , , , , , , , , , ,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 834
1. PLACE OF DEATH	——— and
County Washington	Registration Dist. No. 302
WITHIN OUT CATTE LIMITED	No Washington bounty House 3 Ward
Village or City 14 Court (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Michaed Glyred Ja	16 U. S. Veteran, specify WAR
(a) Residence: No. 2/3 Summer (Usual place of abode)	Use 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while OR DtVORCED (write the word)	(Month) (Day) (Yéar)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HER EBY CERTIFY, that I attended deceased from
DATE OF BIRTH (month, day, and year) DLC 13-1931	last saw Man alive on 1932 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 920 Am.
5 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Hente - d
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I Planus Ja, 5
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	193)
10. Date deceased last worked at this occupation (month and spent in this occupation — occupatio	
12. BIRTHPLACE (city or town) Hageistown	Other Contributory Causes of importance:
(State or country) 7md'	refeeted basakon of coff. 186273
13. NAME Never A. Finey	
14. BIRTHPLACE (city or town) Smithspring	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie Palladino	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Augustoun	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State)
(7. INFORMANT Have treety (Address) Hace exalpses and	Specify whether injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagerstown Date /13 ,19.3	Nature of injury.
19. UNDERTAKER 6-M Sutter & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ha agastous mo	If so, specify
20. FILED 1-12- 1937 Blass 17 Dower	(Signed) Mulliman M. D.
Registrar.	(Address) A A Storm Wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis FER & 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. stated EXACTLY properly classifie of certificate. (If death occurred in a hospital or institution, give its NAME in-stead of street, and number.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX COLOR OR RACE be WIDOWED OR DIVORCE onid may n bad (Write the word) (Month) (Dav) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased tions 02 (Month) (Day) 7 AGE struc and that death occurred on the date stated above, at terms s The CAUSE OF DEATH * was as follows: min.? 1 8 OCCUPATION n tel (a) Trade, profession or particular kind of work efully in plai (b) General nature of industry business, or establishment in in which employed or (employer) impor TH-Contributory 9 BIRTHPLACE Secondary (State or country) be EA OG Should E OF RENTS OF FATHER ation s CAUSI *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ 1 ients or Recent Residents) CCU 13 BIRTHPLACE At place In the OF MOTHER of death ____yrs.____mos.___ds. should ent of Oc (State or Country Where was disease contracted, if not at place of death?..... Every item CIANS sho statement c Former or usual residence 15 If more blanks are needed, address State Registrar, 16 W. Sayatoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter. or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, -Coul mine, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal methoditis"); Diphtheria (avoid use of "Croup"); Typhoid few (never-report "Typhoid Pneumonia"); Lobar pneumonia, onchop we

> accident; Revolver upund of head-homicide; Poisoned by carbolic accid-probably suicide. The nature of the injury, American Medical Association.) Examples: A Addenal drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR MIGLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart famule, "Old Age," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand quality as accidental, suicidal or Homicidal, "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping as fracture of skull, daws) may be stated under the head of "contributory." peritonaeum, etc., . (name origin; "Cancer" is less definite; avoid interstitial nephritis, eough; or intercurrent) affection need not be Chronic and consequences (e.g., sepsis Carcinoma, Sarcoma, etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is resential and must be obtained before the certificate is permanently died

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 836
1. PLACE OF DEATH	(97)
County Hasting Logy,	Registration Dist. No.
Village or City Supertrabung and	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE Female 4. COLOR OF RACE S. GINGLE, MARRIED, WIDOWED, OR DIVORCED (amiss the word) Manual	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seo R & Errand	22. I HEREBY CERTIFY, Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer)	I last sent alive on Alast 1937, deeth is seid
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were affollows:
8 Trade profession or particular	Certif alones Scheros Pate of oneet
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	190
O 10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Mylabelle (State or country) Fred les und	Other Contributory Causes of Importance:
13. NAME Leo. Rowe	
14. BIRTHPLACE (city or town) Myllianily	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Many Co Mower. 16. BIRTHPLACE (city or town) Franklin Cap. Pa	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE
(Address) Smith bury mil	Manner of Inlines
mustor ony Currely bate fain 3 th 1937	Nature of injury
19. UNDERTAKER SEO BY HOOVER (Address) Smithsburg will	24. Was disease or injury In any way related to occupetion of deceased? If so, specify
20. FILED Jan 2nd, 1987 light terguson. Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ALL REAL V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	CERTIFICATE OF DEATH 837
1. PLACE OF DEATH County Washington	Registration Dist. No. 300
	NoSt.,War I death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred_2mo	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Mary Jane Day	If U.S. Veteran apecify WAR
(a) Residence: No. Longram May	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
hemale White Single	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year)	/ last saw mar alive on 90m 20 1937 death is sa
AGE Years Months Days If LESS than	to have occurred on the data steted above, et450m.
2 2 1 day,hrs.	The I KINCH AL CACOL OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of once
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	alalectases 1/20/
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Living .
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2. O	
2. BIRTHPLACE (city or town) Langem Ind. (State or country)	Othar Contributory Causes of importanca:
1 / / / / /	
	Name of operation Data of
14. BIRTHPLACE (city or town) (State or country) Wish Valyma	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MICE DOWARD	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or country) Mash as more	Where did injury occur?
7. INFORMANT A DIVON SOY ' (Address) DAMSHA KUY R. HOLH	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Damp les Monor Date Jan 24, 193	Manner of injury
19. UNDERTAKER A Cachelo. (Address) Borrow, Willa.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 122 , 18 Colf Boy Registrar.	(Signed) Shurfishing (Just.)

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Example I	i i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FIB 3 1937	July 5,1927	Peritonitis	3 days ago	
FRAUV. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

		STATE	OF M	AR	YLAND-	CERTIFICATE OF DEATH	833
1	. PLACE OF	DEATH					
	County		BATE LIM	Fares		Registration Dist. 3 C	2
	Village or Ci	Hagers	stown			ND. 811 Dale	Ward
					7	death occurred in a horpital or institution, give its NAME instead of street and	-
		ence in city or town where					ds.
2	. FULL NAM			orc	160M	If U. S. Veteran, specify WAR.	
	(a) Residence	e: No	Dale		of abode)	St., / Ward. If nonresident give city or town and St	
statistics	PERSON	AL AND STATIS				MEDICAL CERTIFICATE OF DEATH	late
3.	Male	4. COLOR OR RACE White	5. SINGL	E, MAR	RIED, WIDOWED,	21. DATE OF DEATH January 15	193 7
5a.	If married, widowe	d, or divorced		1		(Month) (Day)	(Year)
	(or) WIFE of			/		22. I HEREBY CERTIFY, That I attended de	ceased from
		(Oct 2	7 -	1865.	1951, to	., 192_/-
-		nonth, day, and year)				O TRAM	death is said
7.	AGE Year	s Months	18	ys R	If LESS than I day,hrs.	to have occurred on the date stated above, at	
_					ormin.	wera as follows:	Date of onsety
NO	kind of w	sion, or particular ork done, aa SPINNER, D BODKKEEPER, etc	Mail (ar	rier.	presion en sign	17/2 7
OCCUPATION	9. industry or b	usiness in which	**********			Creval Smombosis	1-11-5-6
UP	work was SAW MILI	done, as SILK MILL, ., BANK, etc					
000	10. Dato decease this occup	d last worked at ation (month and	11	Total t	ime (yoars) 0 ye	ars.	
	year)			0031	pation	Dther Contributory Causes of Importance:	/ . / .
12.	BIRTHPLACE (city (State or coun	or town) try) Freder:	ick C	un	ty, Md.	Aspentisone Bronchites	11/3 64 lef
	13. NAME A	llexander (Gordon	1.		January Company	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FATHER	14. BIRTHPLACE	(city or town)				Name of operation Date of	
_	(State or		Va.			What test confirmed diagnosis? Was there an au	topsy?
ER	15. MAIDEN NAM	ne Mar	y Mar	tin		23. If death was due to external causes (VIOLENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (State or	(city or town)	I •			Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17	INFORMANT	Irs Marie l Hagers			•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18	BURIAL, CREMATI	on, or removal.	Md . Date	Tan	17 ,19 37	Manner of Injury	
	TO GRADI	Fred V				24. Was disease or injury in any way related to occupation of deceased?	100
19	. UNDERTAKER (Addiess)	Hager			1	If so, apecify	Y
	1-1	7 19376	Tend	1	19 mes	(Signed) Trank I shulp	<i>₽</i> м. р.
20	, FILED. J	1921/	1000		Registrar.	(Address) 1092 NPoloma Sty Hage	stom M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied. -WRITE PLANKLY, WITH

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(28)
county Washington	Registration Dist. No. 302
Village or City Hay a gex s to un	NO. 12 Berner Arz St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME \(\(\)(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	If U. S. Veteran, specify WAR
(a) Residence: No. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white Married Married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded decaased from
(or) WIFE of Estie	19.9A to Sall (A.199)
6. DATE OF BIRTH (month, day, and year), 140, 10 -1883-	liast saw h MA aliva on AA 1, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
52 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	1 A A A A A A A A A A A A A A A A A A A
SAWYER, BOOKKEEPER, etc. Lanor	TOAXAAU J. HARUTUUWI 986
9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1
U 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and year) - Source - 1926 - occupation 10475-	
12. BIRTHPLACE (city or town) Staunton	Other Contributory Causes of importance:
(Stata or country) Va.	MINIMU KOZITA OTIKATA 1 08 1
# 13. NAME William Grant	mind on the transfer of the
13. NAME William Grant 14. BIRTHPLACE (city or town) Staunt on	Name of operation
(State of country)	What test confirmed diagnosis? All All All Was there an autopsy?
15. MAIDEN NAME NO Record 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) 1.	Accident, sulcide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Serge tohner (Address) Hager Stown - Md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Hager stom to Date Jany 19, 1937	Nature of injury
19. UNDERTAKER D. K. Coffman	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagarstown Line	If so, specify
20. FILED 1-18-, 1937 CHANT TO CHANT. Registrar.	(Signed) M. D. (Aditréss) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
FEB 8 1937	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MA	RYLAND—CERTIFICATE	OF	DEATH
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1. PLACE				N WORFORAT	108		
County_	Was	shington	#17×	\r.		Registration Dist. No.	02_
Village o	r City	Hagerst	own		No. 210 N. Jo	onathan Streetst.	SWard
		ty or town whera dea		.0	death occurred in a hospital or insti	itution, give its NAME instead of street and f of foreign birth?	number)
						The second secon	1103
		manda G		Otroot	-	n, specify WAR	
(a) Resid	dence: No5	210 N. J	(Usual place		St., Ward.	If nonresident give city or town as	nd State
PERSO	DNAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEATH	
s. sex Femal		r or race	SINGLE, MAR OR DIVORCE MA I'I	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	January 29,	, 193 ⁷ (Year)
5a. If marriad, wi HUSBAND o (or) WIFE o	of R1	read Assell W	. Green	1		Y CERTIFY. That I attande	
6. DATE OF BIRT	TH (month, day	, end yeer) Mar	ch 9,]	898	I last saw h. elive on	Jan 78 , 193°	
	Years 38	Months 10	Days 20	If LESS than 1 day,hrs. ormln.	to have occurred on the data sta The PRINCIPAL CAUSE OF DE. were as follows:	ATH and related causes of importance	Date of onset
8. Trade, pr	ofession, or pa	rticular as SPINNER, TTO	and Mar	-1-	0 10	emmonia	1-10-37
SAW	YER, BOOKKEE or business in	as SPINNER, HO	use wor	K			
work SAW	was done, as S MILL, BANK, e	ILK MILL.					
O 10. Date dec	ceased last wor	ked at	11. Total ti	ma (yaars) nt in this		• • • • • • • • • • • • • • • • • • •	
				pation	Other Contributory Causes of im	nortanee'	
12. BIRTHPLACE (State or		Unknow: W. Virg					
₩ 13. NAME	Unkno	own					
	ACE (city or to a or country)	wn)Unk;	nown		Name of operation	Date of Was there as	autonsy? 4
15. MAIDEN	NAME	Unknow:	n			causes (VIOLENCE) fill in also tha followi	
	ACE (city or to e or country)	wn)Unkn	9-Wn		Accident, sulcide, or homicide?	Date of injury	, 19
17. INFORMANT.		. Margar		,	Specify whether injury occurred	(Specify city or town, county and S I in INDUSTRY, In HOME, or in PUBLIC I	ate) 'LACE,
18. BURIAL, CREI	MATION, OR R	EMOVAL			Menner of injury		
Place	lagers	town, Md	Date Feb.	2 , 19 37			
19. UNDERTAKER (Address	Fred	W. Krais stown,	S, da			way related to occupation of deceased?	
20. FILED.		1921/01/	my !	Registrar.	(Address)	Hageistown	Wd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS BY PHYSICIAN	10)
			1
			-

Pate of enest

19. UNOERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

24. Was disease or Injury In any way related to occupation of deceased?

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH			CERTIFICATE OF DEATH
County Washingto	n		Registration Dist. No.
Village or City Near Length of residence in city or town whe	williams	, (1	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) 3. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) 3. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) 4. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) 5. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) 6. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Sarrah	Louise	Higgins	
	Villiams (Usual place	sport D	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ov. 30	i9 36	Blost saw her alive on Jan 7, 196 death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	1 0	l ormin.	were as tollows: Days of one of meumonia fant
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and yaar)	spa	ime (yaars) nt in this upation	
12. BIRTHPLACE (city or town) Near (State or country) Washi	Willia ngton	msport M	Other Contributary Causes of Importance:
	0		- une who was
TH. DIKTHPLAGE (City of town)	ear Will	iamsport	Name of operation
15. MAIDEN NAME SUSSAN	Henson	1	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sussan A 16. BIRTHPLACE (city or town) NGS (State or country) Shir	r Fair F	lay MD	Accident, suicide, or homicide?
17. INFORMANT David M His (Address) Williamspo			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ST Pauls Gem	etary Jai	n. 80,19.37	Manner of injury
19. UNDERTAKER & dull	Leaf		24. Was disaase or injury in any way related to occupation of deceased?
20. FILEDJAN. 9. 1947 6	6.06	ichara Registrar.	(Signed) David OP, OBrewer M. D. (Addrass) Clear Song Mod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FED 9 1937	July 5,1927	Peritonitis	3 days ago	
All V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYL	AND-C	ERTIFIC	CATE	OF	DEATH
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STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Der)
- County Washington	Registration Dist. No. 362
Village or City of Laghanton	No. Vashington Laurely Hast, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME U. ELQU HOOV	ec If U. S. Veteran, specify WAR
(a) Residence: No. 426714 otomac (Usual place of abode)	St. / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (dring the word) OR DIVORCED (dring the word)	21. DATE OF DEATH (Month) (Day) (Day) (Deer)
5a. If married, widowed, or divorced M. Allies	
HUSBAND of Cor) WHEE of	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) Feb. 4-1858	I last sew han elive on ANN 31 193. 7 death Isseid
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at 112 Jam.
78 // 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupation (month and	Parleus
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	embalisms
10. Date decessed lest worked at this occupation (month end spent in this occupation occupation occupation	The operation was performed for teman prostation
14 C	Dther Contributory Causes of importance: enlargement - adenorma of purcer
12. BIRTHPLACE (city or town) (State or country)	state i not for conser Confide
13. NAME Joseph Hoover	
13. NAME GOSEPH HOOVE	Name of operation Prastectory Date of the 18-37
(Stete or country)	What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME Susuada Molles 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Muss Educa Hoover	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Hagerslow Dete 2 1937	Neture of Injury
10 HADEDTAVED R. M. Suter VI.	24. Wes disease or injury in any way releted to occurrention of deceased?
19. UNDERTAKER (Address)	If so, specify
mound = 2 = 39 Mastry muser	(Signed) / Mullingument 1. M. D.
20. FILED Registrar.	(Address) Hogustons M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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73 V 80 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2.2.5		
RECORD. Every item of infor- PHYSICIANS should state.	1	. PLACE OF
CC PI OF		County_
tem of should		Village or Ci
y it		Length of resid
Evel MAN	2	FULL NAM
CALD, Every i PHYSICIANS oct statement		(a) Residence
t Pic		PERSON
RE Exa	3. S	EX
L X	V	nale
ADING INK—THIS IS A PERMANENT RECORD. Every item of infor- ed. AGE should be stated EXACTLY. PHYSICIANS should state s, so that it may be properly classified. Exact statement of OCCUPA- tructions on back of certificate.	5a.	If married, widowe HUSBAND of (or) WIFE of
SINJ ERM EX. cla	6. I	DATE OF BIRTH (
eat b	-	GE Year
FOR BI IS A PER stated E properly certificate.		4
F St	N	8. Trade, profes
HIS be be of	5	kind of w SAWYER,
LVI uld uld	PA	9. Industry or b
EH TK- Sho t n t n		SAW MILI 10. Date decease
H UNFADING INK—THIS IS A PER Supplied. AGE should be stated E ain terms, so that it may be properly See instructions on back of certificate.	0	this occur year)
NG AG AG Ison ison		PIDTUDI LOF (-il
d. sc.	12.	(Stete or coun
RG VF/ plie rms nstr	ER	13. NAME 50
supplement te	FATHER	14. BIRTHPLACE
	-	(State or
WI'vefull	MOTHER	15. MAIDEN NAM
WRITE PLAINLY, WITH UNFADING INK—TI mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back	MOT	16. BIRTHPLACE (State or
Id b DE.	17.	INFORMANT
PI PI	10	(Address) Y BURIAL, CREMATI
TE IIS	10.	Place HO
TRI Tio		UNDERTAKER Y
V. S. No. 1 N. B.—WRI matio CAUS	19.	(Address)
V. S. No. N. B.—	20.	FILED / - /
Dwells.		
id woods.		

	STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	841
1. PLACE OF DEA	1			(131)	27
county VVashington				Registration Dist. No.	
Village or City T	adors.	town,	(if	No. 27 F Salts mar St, death occurred in a horpital or institution, give its NAME instead of street and n	Ward wmber)
Length of residence in o	city or town where de	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FULL NAME	1:1 ton F	redevide	HOOY	γ If U. S. Veteran, specify WAR	
(a) Residence: No.	39 E 13	Saltim (Usual place o		St., Ward. If nonresident give city or town and	State
PERSONAL AN	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 1. COL	OR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Savey (Month) (Pay)	, 193 7 (Year)
5a. If married, widowed, or div	rorced				
(or) WIFE of	Emma			22. I HEREBY CERTIFY. That I attended of	
	m	6	1864		: deelh is said
6. DATE OF BIRTH (month, da 7. AGE Years	ay, and yeer) \ / / Months	Days	If LESS than	to have occurred on the date stated above, at 12 30 Hm.	, deem is said
40	Q	6	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence	
8 Trade profession or a	particular —		ormin.	were as follows:	Date of onset
8. Trade, profession, or paid with the same sawyer, BDDKKE	as SPINNER,	armer		Change Branchitis	1924
kind of work done SAWYER, BDDKKE 9. Industry or business work wes done, as SAW MILL, BANK, 10. Date deceased lest we	in which	2	11111032	Chronis insocarditis	1926
SAW MILL, BANK,	, elc)-etire	<u>l – </u>	Chrome alamentes niphritis	1932
10. Date deceased lest we this occupation (myear)	onth and	11. Total tir spen occuj	ne (years) t in this pation HOYYS_		
12. BIRTHPLACE (city or town	Gett 11	9 burg		Other Contributory Causes of importance:	4-4-31
(Stete or country)	J	Pa			/
13. NAME John	Hoor	24			
13. NAME SONN	town (TEHL	18 burg		Name of operation Date of	
(State or country)	101111)	Pa		Whet test confirmed diagnosis? Climical Was there an a	utopsy? No
15. MAIDEN NAME	10 Reci	nd_	(Table 1 (Table 1)	23. If death was due to external causes (VIDLENCE) fill in also the following	A
15. MAIDEN NAME 16. BIRTHPLACE (city or t	town) A			Accident, suicide, or homicide? Dete of injury	, 19
(State or country)				Where did injury occur?	
17. INFORMANT A TY		124		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR	REMOVAL	Date Your	17 1937	Manner of Injury	
N V	- 0 11	1	1	Nature of injury	1/-
19. UNDERTAKER A	to a days	toung	ud	24. Was disease or injury in any wey related to occupation of deceased?	NO.
20. FILED / - / 6	, 1937 factor	a store	Registrar.	(Signed) Stagushmus Miss	M. D.
	If more b	lanks are needed. ac	Idress State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.115 M. P.	Laures

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domcstic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 8 931	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.	. PLACE OF DEATH		93-2
	County of California	igilante	Registration Dist. No. 302
	Village or City Lectory	thing sond	NoSt \(\nu \)
	Langth of residence in city Ar town where		If death occurred in a hospital or institution, give its NAME instead of street and num
	1 ~ 1	14444	ds. How iong in U.S. if of foreign birth?yrsmos
2	FULL NAME	. / Purcey.	7000
	(a) Residence No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
沙	Tale 1. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word)	21. DATE OF DEATH (Month) (Day)
5a.	If married, widowad, or divorced HUSBAND of (or) WIFE of	/	22. PEREBY CERTIFY hat I attended dace
6 D	DATE OF BIRTH (month, day, and year)		i iast saw h. alive on Joseph 1937; de
7. A		Days If LESS than	to have occurred on the date stated above, at 2 A.m.
	79 9	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOL	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	Atmosphot Semb Hert bases
CUPATION	9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		
00	10. Date decaased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12.	BIRTHPLACE (city or town) Vear (State or country) Was	Letyrbung he les mid	Other Coatributory Captes of importance:
ER	13. NAME Jacob. H.	Howin	
FATHER	14. BIRTUPLACE (city or town) franciscate or country)	Resturbing	Name of operation Data of What tast confirmed diagnosis? Was there are autor
ER	15. MAIDEN NAME / Verrella	Miner	23. If death was due to external causes (ViOLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city or town) Fear (State or country)	Lestersburg	Accidant, suicida, or homicide? Date of injury Whare did injury occur?
17.1	INFORMANT LENNA Bell (Address) Jackson	found.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18/	BURIAL, CREMATION, ON REMOVAL	7 1	Manner of Injury
Vin	Blocker	Date / an 20 , 193)	Nature of injury
19. (UNDERTAKER (Address) Smith	Hoover ung sind	24. Was disease or injury in my way related to occupation of decaased? W
20. 1	FILED Jan 20, 1937 PS,	Alewoone Registrar.	(Signad) July Millium (Address) J. D. S. S. Tom VIII

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second of th			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

PHYSICIANS should state AD. Every item of infor-

> stated EXACTLY. classified.

> > AGE should be

of certificate. properly

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

mation should be carefully supplied.

-WRITE PLA

N. B.-

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 846
1. PLACE OF DEATH	121)
1/0 1/1 0/1	317
County Washing Wis	Registration Dist No. 30
Village or City HOCAR ENTER IN 18	No. 36 Starneon alley St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Longth of residence in city or town whara death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Bewegh J. Ruge	If U. S. Veteran, specify WAR
(a) Residence: No. Ole (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
1 - 1826	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, atm.
2.0 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
TVIIIIII	ware as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this occupation (month and spent in this	Intoucation,
9 Industry or business In which	Doshudtory Garline
work was dona, as SILK MILL, while saw MILL, BANK, etc.	
10. Date decaased last worked at this occupation (month and year) spent is this occupation (month and year)	
12. BIRTHPLACE (city or town). Williamsport 12.	Other Contributory Causes of importance:
(State or country)	Chronie gastitis
13. NAME Hearton Kane 14. BIRTHPLACE (city or town) West musters	Chronic rephilis
14. BIRTHPLACE (city or town) Week musters	Name of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rellah Hamilton 16. BIRTHPLACE (city or town) Williams port	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Williams port	Accidant, suicida, or homicide? Date of injury, 19
S (State or country)	Where did Injury occur?
Catherine Cane	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Natura of injury

If so, specify

24. Was disaase or injury in any way ralated to occupation of decaasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Xuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
The second secon			

V. S. No. 1 N. B.

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	847
1. PLACE OF DEATH		48	
County Washington	ري	Registration Dist. No. 30	2
Village or City / Faders	Loun	No. 32/1. 6 amor St.	3 Ward
		death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occur	urredmos.	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Gladys	Keishn	et U. S. Veteran, specify WAR	
(a) Residence: No. 35105.	Launo	St., 3 Ward.	
	sual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE 5. SING		21. DATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	2. DATE OF DEATH	193 7
5a. If married, widowed, or divorced	marrel	(Month) (Day)	(Year)
HUSBAND of (or) Wife of	0	22. I HEREBY CERTIFY, That I attended	deceesed from
(di) tille di Laupsi	2.	July 1 , 1976, 10 Jan 15	,1977
6. DATE OF BIRTH (month, day, end year) 4 aug	. 31-1905	I last saw the elive on Jan 94 ,1977	; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the dete stated above, at	
3/ 0/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	15.
8. Trade, profession, or perticular	./		Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and	usewife	Carenome Utime	March
9. Industry or business in which work was done, as SILK MILL,	- 11-0		1906
SAW MILL, BANK, etc.	II. Tataliana (unan)		1936
this occupation (month and year)	11. Totel time (years) spent in this occupation		-
) year)	occupation	Other Contributory Causes of importence:	1000
12. BIRTHPLACE (city or town)	segun		
(State or country)	74.6 D 00		
I 13. NAME & Marles H.	VN= Car		
13. NAME & hales H. 14. BIRTHPLACE (city or town)	erotoun	Name of operation Dete of	
(State of country)	ud,	What test confirmed diagnosis? Was there en	autopsy?
15. MAIDEN NAME da 21 16. BIRTHPLACE (city or town)	eager	23. If death wes due to external ceuses (VIOLENCE) fill in also the followin	-
16. BIRTHPLACE (city or town)	estour	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	nel	Where did injury occur?(Specify city or town, county and Sta	ite)
17. INFORMANT & - Kalpon	Cershner	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Address)	Lourn ma		
Place A G G G G Date.	/18 1937	Menner of injury	
Date Date	2/ 0/	Nature of Injury	
19. UNDERTAKER 6- PM. Sul	Jac 8 dans	24. Was disease or injury in any way releted to occupation of deceased?	atu
(Address) Hage	lower mo	If so, specify	
1 = 1 /- 2) - 1/2	A 17 7	(Signed)	M D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of dits can be known. Make some entry in this section for every person aged 10 years or over. If the denad retired from business, report the occupation prior to retirement. Children not gainfully employed may be turned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
SUREAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
-------	----	-------	------	---------	------	----	-------

0	4	
1	4	0
- 5		

1. PLACE OF DEATH				107-0
County		ton		Registration Dist. No. 30 2
Village or City Hage I		occurred		No. Was ington County Hospital Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Rob				If O. S. Veteran, specify WAR
(a) Residence: No. Cl∈a	rspri	(Usual place of	6.1.3.	St., Ward. If nonresident give city or town and State
PERSONAL AND STA	TISTICA			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAMALE White	ACE 5. S	INGLE MARE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Jan. 22, 1936
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		OTHE		(Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from
		25		NAN. 8 1837, to OUN 24 , 1937
	nths Nov	22, 0ays	1936.	to heve occurred on the date stated above, at 2:25Am.
0 1		29	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:
8. Trade, profassion, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER, I	nfant		Bringhi-PNEUNSINIA
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	.L,			Acute Pecondaly, Mapa
2Q. Date dacassad last worked at this occupation (month end yeer)		11. Total ti	ma (yaars) t in this pation	
	arspr	ing		Other Contributory Causes of Importence:
13. NAME Arthur	Kesse:	lring		
13. NAME Arthur 14. BIRTHPLACE (city or town)	ashin, Md.	gotn. C	cunty	Neme of operation
15. MAIDEN NAME Ethel	Snyde	r		23, If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ethel Snyder 16. BIRTHPLACE (city or town) Washington County (State or country) Md.			County	Accident, sulcide, or homicide?
17.INFORMANT Arthur K	essel ring	ring Md.	***************************************	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece St. Paul's		_{ate} Jan.	23, 19 37	Manner of Injury
19. UNOERTAKER Snyder-H (Addrass) Clears:	Rowland ring,	d Fune	ral Home	
20. FILEO 1 - 23 - 1937	bhi	M	Registrar.	(Signed) (Signed) (Address) (CL S' W W W)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for authorization	SPACE FOR FURTHER STAT	TEMENTS BY PHYSI	CIAN Hearth	+ 3/16/37
The state of the s	permit are	y vous per	our engice	se minor
O .				

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W.	1/1	f	1
0	4	v	9
	JA.	70.	

1. PLACE	OF DEATH		-		&
County	Washi	ngton			Registration Dist. No. 302
Village o	city Hagers	town			No Washington County Hospital 3 ward
				(If	death occurred in a horpital or institution, give its NAME instead of street and number)
24.1-					ds. How long in U.S. If of foreign birth?yrsmosds.
	AME Female				
(a) Resid	lence: No. Pope		e, Ex		St., Ward. If nonresident give city or town and State
PERSO	NAL AND STA				MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,				D, WIDOWED,	21. DATE OF DEATH
Female White ORDIVORCED (write the word)				write the word)	January 19 , 193 7 (Yeer)
	lowed, or divorced				(Month) (Day) (Yeer)
(or) WIFE of					22. HEREBY CERTIFY, That I attended deceesed from
		Τ		0 1070	ar 19 , 1937, 10 for 19 , 19 37
	'II (month, dey, and year Years Mon		Deys	9, 1937	to heve occurred on the date stated above, at 7.4 6 m.
1. AGE	0 0	ilis		l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance
1			- 10	ormin.	were as follows:
kind o	olession, or perticular of work done, as SPINN	R, Infa	nt Ch	ild	1008110000
✓ I 9. Industry (ER, BOOKKEEPER, etc or business in which				
work SAW	wes done, as SILK MILL MILL, BANK, etc				
SAW 10. Dete dec	eased last worked at coupation (month end	1	11. Total time sp≥nt in	(yeers)	
			occupat		Dther Coutsibutary Causes of Importences
12. BIRTHPLACE		erstow	m		Dost Dortun Hemshage
(State or o	country)	ld.			The low and of Times
traped -	Harry Koon				0
14. BIRTHPL	ACE (city or town) SI	arpsbu	irs		Neme of operation
(Stete	or country)	Md.			What test confirmed diegnosis? Wes there en au'opsy? \\ \tag{2}
I5. MAIDEN	NAME Pearl				23. If deeth was due to external couses (VIDLENCE) fill in also the following:
16. BIRTHPL	ACE (city or town)	It. Len	a		Accident, suicide, or homicide?
∑ (Stete	or country)	Md.			Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDISTRY in MOME or in DIRECT DIACE
17. INFORMANT _	Harry Ko				Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)		wn, Md			
18. BURIAL, CREM	pleville,	Md.	Jan.	20 37	Manner of injury
Place	2	Date_	00011	77, 19.4	Neture of Injury
19. UNDERTAKER	Fred W. F	raiss.		*************	24. Was disease or injury in any wey related to occupation of deceased?
(Address)		n, Ma.	119		if so, specify American American
20. FILED.	20- 1937.	Mille	41200	west.	(Signed) M. E
		1	,	Registrar.	(Address) Tarkstun)

mation should be carefully supplied.

-WRITE PLA

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFR 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

CTATE	OF	MADVI	AND	CEDTIE	CATE	OF	DEATH
SIALE	OF	MARYL	ANU-	CERTIFI	CAIL	UF	DEALE

850

OTTILE OF MINITERIAL	OLIVINI TOTALE OF DETAIL
1. PLACE OF DEATH	(Na)
county //(ashinaton	Registration Dist, No. 302
Village or City Hackeys town	No.241 So Frui berry St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMETO VS. Clara Ellen Kride	YIf U. S. Veteran, specify WAR
(a) Residence: No. 241 So Any berry	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE France 1. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Squy (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
2 1 10 101-1	1937, to 128 19.27
6. DATE OF BIRTH (month, day, and year) Sent 18 - 1856 7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated ebove, at 2
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8 Trade profession or particular	were es follows:
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	1 A
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc 9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at 11. Total time (years)	mallo - (nru monia 1/2-
SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10.446.	
E	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) TUNKSTAWY (State or country)	hore
I 13. NAME VV: Mian Shelleng	
14. BIRTHPLACE (city or town) 12 CQUET CYREN	Neme of operation Dete of Was there an autopsy?
15. MAIDEN NAME Hannah Long	23. If death was due to externel causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Smilhs, burg	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Miss Gamma Krider (Address) Hanerstown Wil	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Hagerstown and Date teby 1. 1937,	Nature of injury
19 UNDERTAKER A.K. Cossman	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hager Stown and	If so, specify
20. FILED / - 3 6 1937 Blast Bowers	(Signed) f. the Duiller M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago	
Chronic interstitial nephritis	1921 July 5,1927			
Cerebral hemorrhage				
FRECEIVED				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones FEB 8 1937	May 1,1923	Gastroenteritis	1 year	
BUREAU V. S.	l)			

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 851
1. PLACE OF DEATH	93-0
County Washington	Registration Dist. Np. 3 0 2
Village or City Habitatavou	No. 920 Geoncord St., 7 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Mary K. Lowe	14 If U. S. Veteran, specify WAR.
(a) Residence: No. 925 Soncord (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wadow Lower	22. I HEREBY CERTIPY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 16-1857	Mast saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Dfm.
79 3 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Mette Brouchitis
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
	Other Cantributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	hujolarlife Chrone.
13. NAME Joseph Leiter 14. BIRTHPLACE (city or town)	TOGO ENCACE TONIONE
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Maykana.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Kosama C. Masker	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manyeund	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My Sille Suy der (Address) Ha acustous Mid	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place 1210 afferry Date / 23 , 1937	Nature of Injury
19. UNDERTAKER le; M. Sutter Y Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hageyslown, Ma.	If so, specify
20. FILED / - 23-, 1937 Phay Towers	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Daltimore, Requesting V. S. No. 1.

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Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	VTS 1	\mathbf{BY}	PHYSICIAL	N
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of OCCUPA-

SIAI	E OF	MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH				952
County Washing	gton			Registration Dist. No. 201
Village of Will:	iamspo	ort	ND	No. St. Ward
Length of residence in city or town	n where death	occurred 7	9 vrs 10 mos	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 21 ds. How long In U. S. if of foreign birth?
		Malott		
		mspor		St. Ward.
(a) hesidence. No.	Industrials de S	(Usua) place		If nonresident give city or town and State
PERSONAL AND STA				MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RA		OR DIVORCE	RIED, WIDOWED, D (write the word) OWED	21. DATE OF DEATH S , 193 37 (Month) (Day) (Year)
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of	alott	oit		22. I HEREBY CERTIFY, The I attended deceased from
6. DATE OF BIRTH (month, dey, end yee	n Feb	18	1857	lest saw her dive on J J 19 ; death is said
7. AGE Yeers Mo	nths	Deys	If LESS than 1 dey,hrs.	to heve occurred on the date stated above, atm.
	10	2i	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINN SAWYER, BOOKKEEPER, etc.	ER, Tre	nsfer	Fuisnes	
9. Industry or business in which				(cerebral permongent /23)
work was done, es SILK MILI SAW MILL, BANK, etc				
10. Date deceased last worked et this occupation (month and year)	935	11. Totel ti	me (years) nt in this pation	
	illian ningt	nsport on	MD.	Other Camtributory Causes of Importance:
13. NAME John Ma	lott			Affining from war
14. BIRTHPLACE (city or town) (Stete or country)	r. Jan	nes	~~~~	Name of operation Date of
15. MAIDEN NAME Maggie		finger		Whet test confirmed diagnosis? Was there an eutopsy? Was there an eutopsy?
16. BIRTHPLACE (city or town) (State or country)				23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT DAVID ME	alott	t MD		Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL				Manner of Injury
Plece Riverview	Сепер	ale Ly	Jani 11937.	Neture of injury
19. UNDERTAKER CALLA	sport	cal		24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jans 1 6, 1987	loto	. 16	ickasa	(Signed) M. D. (Address) L. M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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state

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1. PLACE OF DEATH			182
County Washington			Registration Dist. No. 302
Village or City Hagers Length of residence in city or town wher	a death occurred		No. 112 N. Cannon Avenue St., 4 Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?
2. FULL NAME Anna	Catherin	e Marker	If U. S. Veteran, specify WAR
(a) Residence: No. 112 N.			St // Ward.
	(Usual place	of abode)	ff nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OF RACE White	5. SINGLE, MAR OR DIVORCE Widow	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH January 14, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Simon Pete	r Marker	al des	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	farch 9,	1857	i Jest bawh el alive on January 14, 1937; death is said
7. AGE Years Months 79 10	Deys 5	if LESS than 1 day,hrs. ormin.	fo have occurred on the date stated above, at 1:10A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total t	ime (years) nt in this	Chimi myo ardits ?
12. BIRTHPLACE (city or town) RQUZE (State or country)	00:	upation	Other Contributory Causes of Importance:
13. NAME David Read	her		
13. NAME David Read 14. BIRTHPLACE (city or town) Wol (State or country)	fsville		Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
置 15. MAIDEN NAME Sarah Wh	nitmer		23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Sarah Wr. 16. BIRTHPLACE (city or town) Roll (State or country)	zerville		Accident, suicide, or homicide? Accident Dale of injury 12, 1951. Where did injury occur? All Wha.
17. INFORMANT George Ma (Address) Hagerstow	rker n, Md.		(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rouzerville,	Pa pate Jan	16.,19.3	Manner of Injury 340 CK Nature of Injury 340 CK
19. UNDERTAKER Fred W. Kr (Address) Hagerstown 20. FILED (- 15-, 1937)		Zowers	24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	i ii	Example II		
Arteriosclerosis	MECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago 1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car		
Cerebral hemorrhage	IEB 8 1937	July 5,1927	Peritonitis	3 days ago	
	BUNDAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones	w.	May 1,1923	Gastroenteritis	1 year	
				1	

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
		ITION					DLAII

0.	(free	
- N	12	1
	U	T

(a) Residence: No. $25\frac{1}{2}$ N.	Mulberr (Usualplace	y Street	St., Ward. If nonresident give city or town and State
SEX 4. COLOR OR RACE Temale White	S. SINGLE, MAI	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH January 26, 1937.
s. If married, widowed, or divorced HUSBANO of (or) WIFE of		935	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attanded deceased from 9, 1936, to Jan 26, 1936. death is said.
AGE Years Months 1 5	0eys 24	If LESS then 1 day,hrs. ormin.	I last saw h
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	stown	tima (years) ent in this supation	Other Contributory Causes of Importance:
13. NAME Wayne McCall 14. BIRTHPLACE (city or town). Clea (State or country) Mc	rspring	g	Neme of operation Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Jessie Barnhart 16. BIRTHPLACE (city or town) Greencastle (State or country) Pa. 17. INFORMANT Wayne McCallister (Address) Hagerstown, Md.			23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Pleca Hagerstown, Md. Oate Jan. 28, 1937			Mannar of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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certificate.

Jo back

See instructions on

TION is very important.

-WRITE

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V. S. No. 1

should state item of infor-

Every

OCCUPA-

Jo

County Village or City

	STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
1. PLACE OF DI	EATH	1.		(9)		

tration	Dist.	No. 30.	3
		C+	Mar

855

...ds.

		(If death occurred	in a hospital or institution, give its NAN	AL instead of street and number
ength of residence in city or to	wn where death occurredyrs,	mosds.	How long in U.S. if of foreign birth?	yrsmos
	1.	- 4		

If U. S. Veteran, specify WAR 2. FULL NAME

(a) Residence: No.		St., Ward.		
	(Usual place of abode)	Į†	nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTI	FICATE OF DEAT	H
5a. / married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Days If LESS than 1 day,	4 4	TRTIFY, That I atter? The start of the star	, 19_3
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	, , , , , , , , , , , , , , , , , , , ,	unkno	wn	Date of or
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			-00000000000000000000000000000000000000	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	Tools	Other Contributory Causes of Importance	:	
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	mille v tinville md	Neme of operation	Date	of
(State or country)		What tost confirmed diagnosis?	Was there	on autonou?

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country) 17. INFORMANT

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKERO

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

23. If death was due to externel causes (FIOLENCE) fill In also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Accident, suicide, or homicide?

Where did injury occur?_____

(Address) _

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

- Registrar.

(Signed).

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago
BURBAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RD. Every item of infor-	YSICIANS should state	statement of OCCUPA-	1
FOR BINDING	IS A PERMANENT RECO	stated EXACTLY. PH	properly classified. Exact	cortificate
TARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY	mation should be ca	CAUSE OF DEATE	TION is very innor

STATE OF MARYLAND—	CERTIFICATE OF DEATH 856		
1. PLACE OF DEATH	92-20		
County Washington	Registration Dist. No. 3 0 6		
Village or City mitholing and RH	2 No. St., Ward		
Length of residence in city or town where dealth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.		
0 10 +	ner		
(3) Residence: No. Smithsburg Ind # 2	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) White Single	21. DATE OF DEATH (Month) (Day) (Yeer)		
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from		
(or) WIFE of	any 2 1986 to gan & 1987		
6. DATE OF BIRTH (month, day, and year) Lune 20 1859	I last saw have alive on fram 1, 193 7; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.		
77 6 15 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
SAWYER, BODKKEEPER, etc Frames	Chronic Sudvender Date olonset		
SAWYER, BODKKEEPER, etc. H. armer	and chrome anyocardetes 1935		
work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, A. CANNEL SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ID. Date deceased last worked et this occupation (month end year) year) Occupation			
	Dther Contributory Causes of importance;		
(State or country) Smithsburg and # 2			
13. NAME David hunch			
13. NAME David Mureh 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of		
(State or country) Battle lown Md	What test confirmed diegnosis? Wes there an autopsy?		
15. MAIDEN NAME Lucinda C Hise	23. If death was due to external couses (VIDLENCE) fill in also the following:		
15. MAIDEN NAME Lucinda C Hise 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Date of injury, 19		
S (State or country) Md	Where did injury occur?		
17. INFORMANT Muss Mystle huner (Address) Smiths have md # 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL Leitersburg md Place Luthern Cernetery Date 1/8, 1937	Manner of injury		
11/201-11	Nature of injury		
19. UNDERTAKER Waller of AsovE (Address) Waynesbory Pag	24. Was disease or injury in any way releted to occupetion of deceased?		
20. FILED The la 937 Slot Herguson	(Signed) MD Coface M. D. (Address) Smallashurg and		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	d de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFR 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jady 5, 1927	Peritonitis	3 days ago
RIVERO .	- 4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 857
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 30 2
Village or City Hagheline - Charle.	Co. No. Hospital St., 3 Ward
	f death occurred in Thorpital or institution, give its NAME instead of street and number)
2. FULL NAME annie. mary mo-	ato If U.S. Veteran, specify WAR
(a) Residence: No. Dilghmanton M. (Usuai place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced	
(or) WIFE of charles B. mools.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) March. 23-1864	flest saw h M alive on Join 19 1957; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 13:15 f.m.
72 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER,	Stullar and his dealine
SAWYER, BOOKKEEPER, atc.	a III to a super
work wes done, es SILK MILL, Dun Itome	Jack Sund 1110/
10. Date daceased lest worked et this occupation (month and spant in this	Liabeles mellitus 1.
yaer)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	O A A A A A A A A A A A A A A A A A A A
	History 11913
14. BIRTHPLACE (city or town) Balling Chates	Photograph of the said the stand
[14. BIRTHPLACE (city or town) Balling Waters (State or country)	Nema of operation (Special Control of Contro
	What tast confirmed diagnosis? Was there en ediopsy?
	23. If deeth was due to external causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Mo John H. Manuaduk	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Marion Centery. Dojo January. 23., 19.37	Neture of Injury
7074 2 B 1880	24. Was disease or injury in any way releted to occupation of dacaased?
19. UNDERTAKER (Address)	If so, specify
1-21- 37 Marth 3000	(Signed) Waller H. Silm) M.D.
20. FILED Projectory	(Address) Sharpshirt & Jos

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Oto. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state KD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLA

STATE	OF	MARYI	AND-	CERTI	FICA	TF	OF	DEATE
SIAIL		MANIE	AIND	CLIVII			U	DEAL

1	. PLACE OF	DEA	ГН			370	
	County	Wash	iarton	Co.		Registration Dist. Np.	302
	Village or Ci	ty Ha	gerstow	'n	()e	No. 117 E ast Antietiam [death occurred in a hospital or institution, give its NAME instead of st	St., 3 Ward
	Length of resid	lence in ci	ty or town where d	eeth occurred		ds. How long in U.S. if of foreign blrth?yrs	
2	FULL NAM	ME J	ohn Her	man Mul	linix	If U.S. Veteran specify WAR	500+0000000000000000000000000000000000
	(a) Residence			st Anti (Usual place		St., 3 Ward. If nonresident give city or to	own and State
	PERSON	AL AN		CAL PARTI		MEDICAL CERTIFICATE OF DE	ATH
3. 9	Male	Wh	r or RACE		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH (Month) (Dey)	, 193 7 (Year)
5a.	If married, widowe HUSBANO of (or) WIFE of		l Neff			22. I HEREBY CERTIFY, That I a	
6 1	DATE OF BIRTH (month day	and was Ja	nuary 2	4 11902	l lest sew h alive on	
7. /			Months	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of important	
	8. Trede, profess	sion, or pa	rticuler	1 0	ormin.	were as follows:	Date of onset
OCCUPATION	kind of w	ork done, BDDKKEE		Metal C	aster	Inbraulos + VIlle	
PAT	9. Industry or b	usiness in	which			lungo.	
CO				rgan To			
0	10. Dete decease this occup	ation (moi	nth and	VBC Spar	ime (yeers) nt in this upation		
	year/				ipation	Other Coatributory Causes of Importence:	
12.	BIRTHPLACE (city (State or count		Merce	rshurg.			
~		ohn	L Mulle	y 4			******
FATHER			Mon	cersbur	24		
FAI	14. BIRTHPLACE (State or		wn)	Pa.	8	Neme of operation	
~	15. MAIOEN NAN		athalce		0.70	What test confirmed diagnosis? Was the	
MOTHER			Shri		e it	23. If death wes due to external causes (VIDLENCE) fill in also the	
MO	16. BIRTHPLACE (State or		wn)	W.V.	3	Accident, suicide, or homicide? Date of Injury	, 19
-	(0,010 0)		27772			Where did injury occur? (Specify city or town, county	and State)
17.	(Address)	a. I'S	. Willia	a J. D	uffey	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚI	BLIC PLACE.
18.	BURIAL CREMATI	ON, OR R		Date Feb	2 ,1937	Manner of injury	
19.	UNDERTAKER (Address)	Edi	Micura	Leal-	xde	24. Was disease or injury in any way related to occupation of decea	sed?
20.	FILED /- 3	0-,	37 6	rouff	Registrar.	(Signed) . D D	noun

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes as follows:	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	FEB 8 1937	July 5, 1927	Peritonitis	3 days ago
	BEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u> </u>		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	21 1117111			
County Washington			Registration Dist. No. 34	22.
Village or City Hagers	town		No.724 George Street St.	5 Ward
	deeth occurred4	O yrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?m	number)
2. FULL NAME Anna	A. Munde	V	If U. S. Veteran, specify WAR	
	eorge St	*	St., 5 Ward.	
,	(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female White		RIED, WIDOWED, O (write the word) W	January 22, (Month) (Ovy)	, 193 (Yeer)
5a. tf married, widowed, or divorced HUSBAND of Charles (or) WIFE of	s Mundey		22. I HEREBY CERTIFY, That t attended 1936, to fan 22	
S DATE OF BUILTING	ept. 25,	1856		_; deeth is said
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months	Oeys	If LESS than	to heve occurred on the dete steted above, at 6:00A	., 40001113 3810
80 3	28	1 day,hrs.	The PRINCIPAL CAUSE OF OEATH end releted ceuses of importance	
8. Trade, profession, or particular		Ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Retired		arterios clevosis	?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ome work	er	and Villation Read	1/21/37
10. Date deceased lest worked et this occupetion (month and yeer)	11. Totel ti spar occu	me (yeers) It in this Ipation		
12. BIRTHPLACE (city or town) Washing (State or country)	gton Cou	nty	Other Contributory Causes of Importance:	
# 13. NAME John Whorto	on		-	
13. NAME John Whort (14. BIRTHPLACE (city or town). Wash (Stete or country)	nington	County	Neme of operation Dete of	
	Q		Whet test confirmed diegnosis? Wes there en	
[6. BIRTHPLACE (city or town) Wash:	ington C	ounty	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Oete of injury	, 19
17. INFORMANT Lewis B. Mu (Address) Funkstown,	undey		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Plece. Hagersrown, Mc		24, , 19 3	Menner of injury	
19. UNDERTAKER Fred W. H (Address) Hagerstoy		a	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 1- 23-, 1937	111/13	Registrar.	(Signed) A Market Greek	M. O.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEATH			107-a
	County Village or Cit	四十万月1日 美国电子管室	ington stown,M	d •	No. St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Langth of resid	anca in city or town whara	death occurrad	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2		ne Dona			If U. S. Veteran, specify WAR
	(a) Residenc	e: No.241 Sout	h Locus (Usual place	t St.	St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex [ale	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Jan. 12 193.7
-	If married, widowe HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, had attended deceased from
6. 1	DATE OF BIRTH (n	nonth, day, and year)	June 9	,1936	I last saw h. / aliva on
7. /	AGE Year		Deys	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at. 2.3.2 Can. The PRINCIPAL CAUSE OF DEATH and related causes of importance
z	8. Trade, profess	ilon, or particular ork dona, as SPINNER,	2	ormin.	wera as follows:
OCCUPATION	9. Industry or b	BOOKKEEPER, etc			The boomshow presentation state freeway . (2)
000		d last worked at ation (month and	11. Total ti sper occu	ma (years) It in this Ipation	There was no associated didased Cull ?
12.	BIRTHPLACE (city (State or count	or town)Hage	rs.town,	Md.	Other Contributary Causes of Importance:
ER	13. NAME	Jacob Na	v e		
FATHER	14. BIRTHPLACE (Stata or o	(city or town)W	illiams	port,Md.	Neme of operation
ER	15. MAIDEN NAM	E Anna W	hitlock		23. If death wes due to external causes (VIOLENCE) fill In elso the following:
MOTHER	16. BIRTHPLACE ((city or town)Har country)	rise rbu	rg, Va.	Accident, sulcide, or homicide?
17.	INFORMANT _ Ja (Addrass) 24	cob Nave.	cust St	•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATI Place Will	on, or removal Liamsport, M	d.oata.Jan	. 14,,1937	Manner of Injury Nature of Injury
19.	UNDERTAKER (Address)	Fred W Hagerstow	. Krais	3	24. Wes disease or Injury In eny wey related to occupation of dacassed?
20.	FILED /-/	3-,19376	kastt.	Registrar.	(Signed) M. D. (Address) M. D. (Address)
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosi 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

of OCCUPA-

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER

(Address)

30

STATE OF MARYLAND—	CERTIFICATE OF DEATH 861
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City Hagahslown	No. The Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town whera death occurredyrsmos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tralicia lun (90)	ACCOUNT OF SACO
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) How 2 = 1936	Ost saw her alive on pon. 19 , 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month end	Windshill leas than three 3 stunds, who
10. Data deceased last worked at this occupation (month end year)	born - present with a Civision
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Learned reight o for at short while a There stopped is it would not grown
13. NAME REVIEW RES MOYES	- Stopping - M. Marin - May 4-21 Was
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cauling The Conference	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
17. INFORMANT AND THE HOUSE AND THE CADDRESS AND THE CADD	Where did injury occur?
18. BURIAL, CREMATION, OF PIMOVAL Place Service Property 1 = 31, 19 3.7	Manner of injury

Registrar.

If so, specify

(Address) _

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FFB 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

should state item of inforof OCCUPAstated EXACTLY. PHYSICIANS Exact statement IS A PERMANENT RE properly classified. FOR BINDING See instructions on back of certificate. ARGIN RESERVED UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		108)	.7
County Washington		Registration Dist. No	302
Village or City Hagerstown	limito o:	No. 402 Mitchell Avenue	St., Ward
Length of rasidanca in city or town whera d	eath occurred O yrs. 1 mos	f death occurred in a hospital or institution, give its NAME instead of a s	
	ee Palmer	If U. S. Veteran, specify WAR	
(a) Residence: No. 402 Mito	chell Avenue (Usualplace of abode)	St., Sward. If nonresident give city of	town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX Hemale 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH January 30, (Month) (Day)	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thail	<u> </u>
De Date de La Companya de la Company	ecember 23, 1936	a liest saw h	19 death is said
7. AGE Years Months O 1	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
9. Industry or business in which work was done, as SILK MILL,	Infant Child	Leban Pnen	Date of onset 1.28.37
SAW MILL, BANK, etc	11. Totat time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Hagers (State or country) Md.	town	Other Contributory Causes of importance:	
13. NAME Luther E. Pa.	lmer		
13. NAME Luther E. Pa. 14. BIRTHPLACE (city or town)Fred.s (State or country) Md	erick	Name of operation	
# 15. MAIDEN NAME Della M.	Tabler	23, if death was due to external causes (VIOLENCE) fill in also the	following:
15. MAIDEN NAME Della M. T 16. BIRTHPLACE (city or town). Mart. (State or country) W. Va.	insburg	Accident, suicide, or homicide? Date of injury Whara did injury occur?	
17. INFORMANT Mrs. Luther (Address) Hagerstown,		(Specify city or town, countries of the specify whether injury occurred in INDUSTRY, in HOME, or in P	ly and State) UBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md.	. Deta Feb. 1, 1937	Manner of injury	
19. UNDERTAKER Fred W. Kra: (Address) Hagerstown	Md.	24. Was disease or injury in any way related to occupation of dec	easad?
20. FILED 2 - / - , 1937 69	MSST Bower. Registrar.	(Signed)————————————————————————————————————	M.D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 MAD Q 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE OF	DEATH
	-		

863

	3	TATE OF	MAK	LAND	CLIVIII ICAIL OF DEAT	
1.	PLACE OF DEA	TH) ,	1-		2:	
	County Was	hunes	on		Registration Dis	st. No. 302
	Village or City	0 007 4	10/1/2	(1)	No. & Blown Co	Ct & Ward
	Village of City	ange of	<u> </u>	(If	death occurred in a hospital or institution, give its NAME in	astead of street and number)
	Length of residence in ci	ty or town where deal	th occurred	yrsmos.	ds. How long in U.S. if of foreign birth?	yrsds.
2.	FULL NAME	mm	10. 12	obles	If U. S. Veteran, specify WAR	
		9. B. L.	and the same	VIII.	St. 5 Ward.	
	(a) Residence: Noa		(Usual place	f abode)		e city or town and State
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. S	EX 4. COLO	R OR RACE 5		IED, WIDOWED,	21. DATE OF DEATH	
1	Male A	LATER	OR DIVORCED	(write the word)	(Month)	2 , 193 7
58.	f married, widowed, or divo	orced	П		(Month)	(Day) (Yeer)
	HUSBAND of (or) WIFE of	wie Po	6/0	1	22. HEREBY CERTIFY.	That I attended deceased from
		700	7200		0 0 , 19 to 10	77 0, 199
6. D	ATE OF BIRTH (month, day	y, and year)	muse	now	I lest saw had alive on	death is seld
7. A	GE Years	Months	Days	If LESS then	to have occurred on the date stated above, at	- j_m.
a	bout 1			l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
z	8. Trade, profession, or pakind of work done,	articuler	1-0-		SULX LAMON	- Cello 113
9	SAWYER, BOOKKEE	PER, etc.	000	OV.	9	
OCCUPATION	9 Industry or business in work was done, as	n which SILK MILL		Dona A		
3	SAW MILL, BANK,	etc	1 *'	9		
ö	10. Date deceased last worthis occupation (mo	nth and		t in this		
-	year)	10	- Occur	pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)	Mount		p.f		
	(State or country)	1, 0	4.	UW.		
FATHER	13. NAME / Co-6	Know	vu			
AT	14. BIRTHPLACE (city or to	own)	Va	<u> </u>	Neme of operation	Date of
-	(State or country)				What test confirmed diagnosis?	Wes there an autopsy?-//-
MOTHER	15. MAIDEN NAME	lot K	ww	u	23. If death was due to external causes (VIOLENCE) fill li	n also the following:
5	16. BIRTHPLACE (city or to	own)	10		Accident, suicide, or homicide? Det	te of injury, 19
Σ	(State or country)	- 71	Va		Where did injury occur?	
17	NFORMANT	K 130	Vien	MIL	Specify whether injury occurred in INDUSTRY, In HOME	wn, county and State) E, or in PUBLIC PLACE.
14.	(Address) LA	C P. L.	MAA.	IN .		
18.	BURIAL, CREMATION, OR	REMOVAL		11 00	Manner of injury	
	Place /Loce 17	ux	Oate	, 19.3./	Nature of injury	
	WARREN VI	u VIII	clare	* *	24. Was disease or injury in, any way related to occupating	of deceased?
19.	UNDERTAKER (Address)	Han I			If so, specify	10101
	1-15-	27 /50	rail	3-10	(Signed)	094) M D
20.	FILED. L,	19.5.1.19		Registrar.	(Address) (ACA)	1140000011
η		If more bla	inks are needed. a		2411 N. Charles Street, Baltimore Requesting U. S. No. 1.	The Market Market
			, , , , , , , , , , ,		Commercial Commercial Control of the In-	Mu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	H	Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE STANKE IN ST	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	El fra for time to the	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	FEB 8 1007	July 5, 1927	Peritonitis	3 days ago
	MILENEAU V	₹.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Chashing to	Registration Dist. No. 302
Village or City Hage Satirum Md.	No. 455 n. Johnathan St., 5 v
3	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmos
Length of residence in city or town where deeth occurred	- 1111-
2. FULL NAME Sarry fully	L. If U. S. Veteran, specify WAR Constant
(a) Residence: No. + a questom ma	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Male Colored OR DIVORCED (write the word)	(Month) (Day) (Yes
5e. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended decreased
(or) WIFE of Single.	- 11 (1936, to 1/16 , 19
6. DATE OF BIRTH (month, dey, and yeer) about - 26, 1890	I lest saw h. 4 alive on 19 /; death I
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 8 - 30 mg.
6. DATE OF BIRTH (month, dey, and yeer) Cycle 1890 7. AGE Yeers Months Days If LESS than I day, hrs or min.	THE RESIDENCE OF PERSON OF PERSON OF THE PER
8. Trade, profession, or particular	- Were established Endocordition Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	4 suphritis
work was done, as SILK MILL.	
SAW MILL, BANK, etc. 10. Date decessed last worked al this occupation (manth and spent in this spent in the spent in this spent in this spent	
this occupation (menth and spent in this occupation were spent in this occupation)	
Contract of the second of the	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	
1 · · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE (city or fown) 12 Courter Cruck (State or country)	Neme of operation Date of Washington Date of D
« SDD	What test confirmed diagnosis? Wes there an autopsy?.
T CCC	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town). Cleus hald	Where did Injury occur?
3 1 1 81	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT ORGANICAL CREMATION, OR REMOVAL	Specify whether injury occurred in thousand, in nome, or in public reace.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Plece Company Date James 14, 19.3	
11742 @ 1000	24. Was disease or injury in any wey releted to occupation of deceased?
19. UNDERTAKER UTW 2. Party Son	If so, specify
1-18- 37 6 Kast Barrers	(Signed) le the Delle
20. FILED, 19 Registrar.	(Address)
If more blanks are needed, address State Recistra	r, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2 2 2 107		The Man William	
Other contributory causes of importance:		Other contributory cames of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
	Registration Dist. No. 90 3
Village or City Clearspring, Md.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred_30yrs	iosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizabeth Plummer	If U. S. Veteran, specify WAR
	St., Ward.
(a) Residence: No. Clearspring, Md. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write tha word)	January 25 (Day) (Year)
Female Colored Widow 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of James Plummer	22. I HEREBY CERTIFY That I attended deceased from
	1 last saw h & alive on Jan 22, 1937; death is said
6. DATE OF BIRTH (month, day, and year) April 2, 1859 7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at. 6:00A.m.
77 9 21 1day,h	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Home Work 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Date of onset Date o
12. BIRTHPLACE (city or town) Frederick (State or country) Md.	- Chronic Endocarditis 1935
13. NAME Unknown	
13. NAME Unknown 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis?
监 15. MAIDEN NAME Unknown	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Whera did injury occur?
17. INFORMANT James E. Holmes, (Address) 1231 S. 47 th Street Philadelphi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clearspring, Md. Date Jan. 26,, 193	Nature of Injury.
19. UNOERTAKER Snyder-Rowland Funeral Home (Addiess) Clearapring, Md. 20. FILEDOM. 25, 1986 Registrary	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

13/12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bills till war			
(handa and a second	Maria de la companya della companya		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 866
1	1. PLACE OF DEATH	23
	County Washington	Registration Dist. No. 302
	Village or City Hayler Cown	No. 617 M. Prospect St., & Ward
	9/	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Le Roy Edward Por	ukelli U. S. Veteran, specify WAR
	(a) Residence: No. 617/11. Prospect	St. 5 Ward.
	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yarr)
.5	5a. If marriad, widowad, or divorced Ruby Danis Pompell (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
9	S. DATE OF BIRTH (month, day, and year) Nov. 15-1910	I last saw hatte aliva on
= -	7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, at 4m.
rti	26 2/ 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows
of ce	8. Trade, profession, or perticular kind of work done, es SPINNER, Silk Weayer SAWYER, BOOKKEEPER, atc.	Valuumay 113
N F		2 Simps aling 2-3
back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	- I Spont in this	
instructions	yaar) occupation	Other Contributory Causes of importanca:
ucti	12. BIRTHPLACE (city or town).	
ıstr	13. NAME Robert D. Pompsell	
	14. BIRTHPLACE (city or town) Hercenstown	Neme of operation Date of
-	(State of Country)	What test confirmed diagnosis? Was there en autopsy?
int.	15. MAIDEN NAME Bessie M. Wilkinson 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury, 19
imp	(State or country)	Where did Injury occur? (Specify city or town, county and State)
very	17. INFORMANT Accerstown Ma	specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
S Ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
N is	Place Pagelstown Data Lune, 19.37	Nature of Injury
TION	19. UNDERTAKER &- M. Suter 8 bous	24. Was disease or injury in any way related to occupation of deceesed?
-	(Address) Hageptown md	If so, specify that butter
	20. FILED (-5 - 1937 SMAO HT OCCEPT	(Signed)M, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitual nephritis 8 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of inforof OCCUPA-PHYSICIANS Exact statement A PERMANENT EXACTL FOR BINDING properly classified. certificate. ARGIN RESERVED jo back CAUSE OF DEATH in plain terms, so that it may should See instructions on mation should be carefully supplied. TION is very important. -WRITE

V. S. No. 1

B. ż 17. INFORMANT _ (Address)

18. BURIAL, CREMATION, DR REMOVAL

state

pluods

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22)
	No. 419 70 Table II St., Sward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. 4 10 Mitchell	ds. How long in U.S. if of foreign birth? yrs. mos. ds. 1f U.S. Veteran, specify WAR St., 5 Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Malo Malo Malo Maried Maried Maried Maried Maried Maried Maried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael 8.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	Che Myound 1820
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importance:
Tale 13. NAME — Fandham 14. BIRTHPLACE (city or town) — (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town). PLOT Country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?

19. UNOERTAKER (Address)

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimoye, Requesting V. S. No. 2.

Registrar.

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Cerebral hemorrhage CFB S.	July 5, 1927	Peritonitis	3 days ago
A SURPA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

865

1. PLACE O	F DEATH			82-70	
County				Registration Dist. No. 32) 2_
Village or C	ity Hagerst	own	(]	No.221 S. Prospect Street St., death occurred in a horpital or institution, give its NAME instead of street and n ds. How long In U.S. If of foreign birth?	Ward
2 FULL NA	ME TOTOMO	Do Dom	0.037	if U. S. Veteran, specify WAR	
				St., 2 Ward. If nonresident give city or town and	
	AL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	OR DIVORC	RRIED, WIDOWED. ED. (write tha word) ried	21. DATE OF DEATH January 24, (Month) (Dev)	, 1937 (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	ad, or divorced William H	. Ramse	у	22. I HEREBY CERTIFY, Thet i attended of form .2 4	deceased from
6. DATE OF BIRTH ((month, day, and year)			I lost saw h a alive on 12	
	58 4	Days 15	If LESS then 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were es follows:	Date of onset
9. Industry or work was SAW MIL	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc. business in which s done, as SILK MILL, L, BANK, atc	I 1. Total	time (yaars)	Cerebral Lemontage	1-24-3
this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) Funks town (State or country) Md.		Other Contributory Causes of Importance:			
13. NAME	Martin L. M	iller			
	(city or town)_Wash	ington Md.	County	Name of operation Date of Was there an a	
15. MAIDEN NA	ME Laura Er	ick		23. If death was due to externel causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town) Washington County Md.		Accident, suicide, or homicide?	e)		
17. INFORMANT (Address)	Villiam H. Hagersto	Ramsey Md.		Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	
18. BURIAL, CREMAT				Manner of Injury	
19. UNDERTAKER(Addrass) 20. FILED	Fred W. Kr Hagerstown		Bowe Registrar	24. Wes disease or injury in any way related to occupation of decaased?	,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 8 1951			F- 1.77
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1000

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 869
1. PLACE OF DEATH	(31)
County Washington	Registration Dist. No. 502
Village or City Hayer Atown	No.3/1/21. Yoxcathan St. 5 Ward
(If Length of residence in city or town where death occurred 6 Dyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Phones fuld	If U. S. Veteran, specify WAR
(a) Residence: No. 3/1// Journal place of abode)	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OB DIYORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, that I attended deceased Iron
6. DATE OF BIRTH (month, day, end year) 4 - 2 6 - 18 72	I lost saw h 1 elive on 18 , 19.3 7; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at
64 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were estellows:
8. Trade, prolession, or particular kind of work done as SPINNER	Misioclerotic Heart Assesse _ Oate of onset
kind of work done, as SPINNER, Law Cor	Chome Nephonts -
9 Industry or business in which work was done, as SILK MILL, 91 M C.A.	/
U 10. Date deceased last worked et 11. Total time (years)	
this occupation (month) and spent in this occupation	
12. BIRTHPLACE (city actown) Charlestown	Other Contributory Canses of importance:
(State or country)	MY Ero choos
13. NAME Robert Need	
13. NAME Wheth feet 14. BIRTHPLACE (city or town) hallstown	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLACE (city or town) Charles Ipws	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (gity or town) Charles lown	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did Injury occur?
17. INFORMANT Rebecca Mack	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 311 g n Jouathans	
Place 1 backel Centerpare 1-18 1937	Manner of Injury
Place 1 102 PM X Illustrate / R , 19 /	Nature of Injury
19. UNDERTAKER AND CONTROL (Address)	24. Was disease or injury in any way related to occupation of deceased?
1-40- 77 Water 14/3-	(Signed) help / (mellinum M.D.
20. FILED	(Address) / Hags stonn and
If more blanks are needed, address State Registrar,	2423 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH County Against a formation of the county	STATE OF MARYLAND—	CERTIFICATE OF DEATH 870
Village or City Deschipting Ton Co Household St. Ward (ii) deety occurred in a hospital of institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. Multiple of a bodie PERSONAL AND STATISTICAL PARTICULARS 2. SEX MALL (b) Word of the Mall State of Death (in) Word of the Mall State of Death (in) Word of the Word o	1. PLACE OF DEATH	10
Length of residence in gity padywn where nath occurring 17	county / askington	Registration Dist. No. 302
Length of residence in gly pashwa where math occurred. 2. FULL NAME (a) Residence: No. (Chast place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. If married, widoward, or diverced of 100 Miles		
2. FULL NAME (a) Residence: No. 1 (b) Usual place of abodic process of the proc		
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINCLE, MARRID, WIDOWED OR DWOKED (why the word) 5. Il married, widowed, or divorced (HUSAND) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Months 7. AGE 9. Industry or bown and State 11 LISS than 1 dayhr., ror	2. FULL NAME TROMAS, B RASL	AND THE RESERVE OF THE PARTY OF
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINCLE, MARRID, WIDOWED OR DWOKED (why the word) 5. Il married, widowed, or divorced (HUSAND) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Months 7. AGE 9. Industry or bown and State 11 LISS than 1 dayhr., ror	(2) Residence: No 4 has 1861 See The Hear	ret of or a reward
3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED ON DAY ORCE (wrige the word) 5.9. If married, widowed, or divorced of the word of the		
The PRINCIPLA College of country of the word of this said of the s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or divorced HUSBAND HUSBAND 1. ACE		Jan 30 193)
6. DATE OF BIRTH (month, day, and year) OFA 23 - 18 23 7. AGE Vears Months Days II LESS then I day	5a, If married, widowed, or divorced	(month) (bay) (reer)
TAGE Years Months Trede, profession, or particular SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAMEL, SAMEL, SAME, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAMEL, SAMEL, SAME, etc. 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURNAL, CREMATION, DISTEMBAL Place Lawer, CAddress) 20. FILED. 20. TILED. 20. TILED. 20. TILED. 21. Total time (years) Spent in this occupation (months and years) Applications of the provided at the provided		1 HEREBY CERTIFY, That I attended deceased from
Same	6. DATE OF BIRTH (month, day, and year) Bac 23-1883	I last saw bin alive on Jany 2 1 1937; death is said
8. Trede, profession, or particular war as follows: New as follows dome is SPINNER. SAWER, BONKEPR, BONKEPR, etc. 9. Industry or business in which synthesis and the second state of th		to have occurred on the date stated above, at _ 2 m.
8. Trede, profession, or particular in the control of the control		ware as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Places And I American Date 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. BIRTHPLACE (city or town) (State or country) (State or country) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE (Address) (Signed) (Address)	1 8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Places And I American Date 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. BIRTHPLACE (city or town) (State or country) (State or country) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE (Address) (Signed) (Address)	SAWYER, BOOKKEEPER, etc.	Lobar pereneonea - John 11/26b)
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(State or country) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) Date 2 18. BURIAL, CREMATION DRIREMDVAL Place State or country Date 2 19. The state of country Date 2 19. The state of country Manner of Injury Neture of Injury 19. UNDERTAKER (Address) Address (Signed) Manner of Injury (Signed)	12 DIPTUDI ACE (aibu or town Dla Oral of Praco Md	Other Contributory Causes of importance:
What test confirmed diagnosis? What there an autopsy? What test confirmed diagnosis? What there are autopsy? What test confirmed diagnosis? What test confirmed diagno		Change N
What test confirmed diagnosis? We there an autopsy? We there an autopsy? We there an autopsy? We there are autopsy. We there are autopsy. Accident, suicide, or homicide? If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Specify whether injury occur? Specify whether injury occ	13. NAME Thomas H Real	
What test confirmed diagnosis? We there an autopsy? We there an autopsy? We there an autopsy? We there are autopsy. We there are autopsy. Accident, suicide, or homicide? If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Specify whether injury occur? Specify whether injury occ	14. BIRTHPLACE (city or town how below, and	Neme of operation.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION DR REMDVAL Place The Country Date Date 20. FILED 20. FILED 21. MAIDEN NAME 12. MAIDEN NAME 13. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of Injury Neture of Injury 19. UNDERTAKER (Address) (Signed) (Signed) (Address) MO. Registrar. (Address)	(State or country)	The second property of the second
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17. INFORMANT Address For in PUBLIC PLACE. (Address) FORMAND MAL Road S 18. BURIAL, CREMATION, DR REMOVAL Place For in Public Place S (Address) Date 2 2 19 37 Neture of Injury Neture of Injury In eny wey releted to occupation of deceased? 20. FILED 2 30 19 37 (Address) Caracter S (Address) Caracter S (Address) Caracter S (Address) Manner of Injury In eny wey releted to occupation of deceased? 20. FILED (Signed) Manner of Injury In eny wey releted to occupation of deceased? 20. FILED (Address) MAC. (Address) Manner of Injury In eny wey releted to occupation of deceased? 20. FILED (Address) MAC.	E (State or country) Wash (Co	Where did injury occur?
18. BURIAL, CREMATION DO REMOVAL Place Shart in Survey Date 2,1937 Neture of Injury 19. UNDERTAKER 24. Was disease or injury In eny wey releted to occupation of deceased? 20. If so, specify (Signed) Washington Mo. Registrar. (Address)		Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
Place Shart and Date 1937 Neture of Injury 19. UNDERTAKER Shart and 1937 19. UNDERTAKER Shart and the Company of the Company		Manner of Injury
19. UNDERTAKER SALVANT TVC 24. Was disease or injury In eny wey releted to occupation of deceased? 20. FILED 1-30-, 1937 164 1841 2000 (Signed) Walley (Signed) M.C. Registrar. (Address) M.C.	Place Shar Jabbang Date 4 1937	
20. FILED / - 30-, 1937 Alle Address) Sky Tolky David. Registrar. (Address) Sky Tolky David.	التنافلة والمنافلات والمنافلات والمنافلات المنافلات المنافلات المنافلات المنافلات والمنافلات والمنافلات	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED 1-30-, 1937 Miles # Bowers	(Signed) Nathur Dr. M.O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	helis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 8 1007	July 5,1927	Peritonitis	3 days ago
	BUNFAU V. S.	1 2		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		}		

ADDITIONAL SPACE FOR I	FURTHER S	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1 Ä ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 871
County Washington. Village or City Hagerstown	Registration Dist. No. 30 2 No. 62 W. Antietam St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME George E. Renn (a) Residence: No. 62 W. Antietam (Usual place of abode)	St., Ward. If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White Street Or Divorced (which word)	21. DATE OF DEATHanuary 15 7 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Watta Viola Reun	22. HEREBY CERTIFF. Thet I attended received from
6. DATE OF BIRTH (month, day, and year) November 4, 1875	lisst saw helle alive on factor 16 to 19.37; deein is said
7. AGE Years Months Days If LESS than 1 dayhrs	to heve occurred on the date stated above, a 7 P. M.
8. Trade, profession, or particular kind of work done, as SPINNER, Salesman . SAWYER, BOOKKEEPER, etc Salesman . 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at his occupation (month and specific properties) of the second state	Date of one of Date of Dat
10. Data deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Frederick County (State or country) Maryland.	Other Contributory Causes of importance:
13. NAME George E. Renn	- The state of the
13. NAME George E. Renn 14. BIRTHPLACE (city or town) Frederick County (State or country) Md.	Name of operation Dete of What test confirmed disgnosts: The leaves he have been been an autopsy? He
E 15. MAIDEN NAME Zimmerman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Zimmerman 16. BIRTHPLACE (city or town) Frederick County (Stete or country) Md.	Accident, suicide, or homicide?
17. INFORMANT George E. Renn Jr. (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Jan 19 3'	7 Manner of Injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19- 1937 Chart Bocce	(Signed) M. D

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis & 1 4 5 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
FEB 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			de Lintal

If nonresident give city or town and State CERTIEY. That I attended daceased from Date of onset 1926

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: FEB 6 1937 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attock of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	5 . 1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	10
County Washington	Registration Dist. No. 302
Village or City	No Washington bounty Hossi, 3 war
Length of residence In city or town where deeth occurredyrsmos	death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Jacob Ser	If U. S. Veteran, specify WAR
Who House	Tost, / Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL OF THE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH anway 1/
5e. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That t ettended deceesed from
0- 14 1851	may 2 10 to may 19
6. DATE OF BIRTH (month, dey, end year) DRC 17- 1880	I last saw h
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stet dabove, at
0 0 1 1 ormin.	were es follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	tota Oneumonin
work wes done, es SILK MILL, SAW MILL, BANK, etc.	\ /1
	(Wee III)
year) occupation occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
7.0	
E 12 07:	
14. BIRTHPLACE (city or town) A A A A A A A A A A A A A A A A A A	Neme of operetion Date of West here en autopsy? M
15. MAIDEN NAME Ellen Zum	23. If deeth wes due to externel ceuses (VIOLENC) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17, INFORMANT Joseph M. Sevier	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Willington, Del.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace William grandy Confete of un. 1, 1931	Neture of Injury
19. UNDERTAKER &- M. Sule Booms	24. Was diseese or injury in eny very related to occupation of deceased?
(Address) Hageafforty, md	if so, specify
20. FILED / - 5 - , 1937 Muly Bough	(Signed) M. I
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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oune

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1. PLACE OF DEATH County, I PLACE OF DEATH Cou	A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Ma S. S. Ward Village or City, Ha G. E. Y. T. D. Ward Length of residence in city or strown where death occurred Length of residence in city or strown where death occurred Length of residence in city or strown where death occurred Length of residence in city or strown where death occurred Length of residence in city or strown where death occurred Length of residence in city or strown where death occurred Length of residence in city or strown and state (a) Residence: No. J. S. L. Ward (b) Residence: No. J. S. L. Ward (c) Residence: No. J. S. L. Ward (d) Residence: No. J. S. L. Ward (e) Residence: No. J. S. L. Ward (e) Residence: No. J. S. L. Ward (f) Gamba occurred in a long-to-length with city of town and State PERSONAL AND STATISTICAL PARTICULARS S. S. L. Ward (g) Residence: No. J. S.	sta UP.	1. PLACE OF DEATH	(22.P)
Village or City, MA GEV 3 TO White interest death occurred. 2 FULL NAME		county Mashington	Registration Dist. No. 302
Length of residence in city or town when death occurred. 2. FULL NAME. 2. FULL NAME. 3. Residence: No. 1	shou o	Village or City Ha alerstown -	No. Y Vash Co Hospital st 3 Ward
S. S. S. W. A. COLOR OR RACE S. SRUCLE MARRIED WINOVED OR DIVORCED (currictles wedge) S. DATE OF BIRTH (moeth, day, and year) S. SAW MILL BARK (SIGN MILL) S. DATE OF BIRTH (moeth, day, and year)	, J		death occurred in a hospital or institution, give its NAME instead of street and number)
S. S. S. W. A. COLOR OR RACE S. SRUCLE MARRIED WINOVED OR DIVORCED (currictles wedge) S. DATE OF BIRTH (moeth, day, and year) S. SAW MILL BARK (SIGN MILL) S. DATE OF BIRTH (moeth, day, and year)	ANA	7. 1110	gs. now long in 0.3.11 of foleign bitth?yrsmosds.
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S. S. S. W. A. COLOR OR RACE S. SRUCLE MARRIED WINOVED OR DIVORCED (currictles wedge) S. DATE OF BIRTH (moeth, day, and year) S. SAW MILL BARK (SIGN MILL) S. DATE OF BIRTH (moeth, day, and year)	RD. YSI		
DUIGNING A THE PRINCIPAL CAUGE OF BIRTH (month, day, end year) 10	E H S		
DATE OF BIRTH (month, day, and year) See If morrisal, widowed, or divorged (nor Wife of a control of the contr	T RI.	OR DIVORCED (write the word)	farry for 1937
ALTO THE PRINCIPAL CASE OF BERTH (month, day, end year) 1987 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NG TT fed.	5a, If merriad, widowad, or divorced	(Month) (Par)
TAGE Years Months by I HESS than the date at shed above, at \$1 m. There are follows: AUSE of DEATH and ralated causes of importance were at follows: AUSE of DEATH and ralated causes of impor	DID IAN A C	(an) WIFF of	22. HEREBY CERTIFY, that I attanded deceased from
TAGE Years Months by I HESS than the date at shed above, at \$1 m. There are follows: AUSE of DEATH and ralated causes of importance were at follows: AUSE of DEATH and ralated causes of impor	Cla X K	F. by 15-1860	,1997, 10 ,1997
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SHATTH BOKKETER at the subject of the state	OR A atec	H 1 11 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Honor and the second set works at this objection (month end of the second set) NITURAL THE SAME WILL BANK, etc. 10. Date decessed last worked at this objection (month end of the second set) NITURAL THE SAME WILL BANK, etc. 11. Total time (years) spant in this objection (month end of the second set) Spant in this objection (month end o	F st st	& Trade profession or particular	Mucoes Colitis Date of onest 1540
Honor and the second set works at this objection (month end of the second set) NITURAL THE SAME WILL BANK, etc. 10. Date decessed last worked at this objection (month end of the second set) NITURAL THE SAME WILL BANK, etc. 11. Total time (years) spant in this objection (month end of the second set) Spant in this objection (month end o	HIS be be	SAWYER, BOOKKEEPER, etc. Wine Maker.	Paralytic Ileus 1/13/3
TOWN A STANDARD TO THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	LT LIId	9. Industry or business in which work wes done, as SILK MILL.	The operation was not for cancel It was to
TOWN A STANDARD TO THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	EFF VIK- sho it m	SAW MILL, BANK, etc	relieved the distances in the bouch, which
12. BIRTHPLACE (city or town) 2. T. V. S. D. V. G. State or country) 13. NAME 14. BIRTHPLACE (city or town) 2. T. V. S. D. V. G. State or country) 15. MAIDEN NAME	ES IN IN IN IN IN IN IN IN IN IN IN IN IN	this occupation (month end) 937 spant in this DUYS	considerant la refresal in ony other ways
14. BIRTHPLACE (city or town) Letter & Source of Mana of oparation. Entered the Mana of oparation oparation. Entered the Mana of oparation. Entered the Mana of oparation. Entered the Man	NG AG AG The zion	(a i bounday	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Letter & Source of Mana of oparation. Entered the Mana of oparation oparation. Entered the Mana of oparation. Entered the Mana of oparation. Entered the Man	ADI de la constante de la cons		
14. BIRTHPLACE (city or town) Letter & Source of Mana of oparation. Entered the Mana of oparation oparation. Entered the Mana of oparation. Entered the Mana of oparation. Entered the Man	RC NF. plie rms nst	# 13. NAME NOah Shaule-	,
What tast confirmed diegnosis? X-for Throcks. Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19. U	e trun	14. BIRTHPLACE (city or town) Leitersburg	Nama of operation Entern tunil Dete of 1/15/37
23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT J (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. UNDERTAKER (Addrass) 10. UNDERTAKER (Addrass) 10. UNDERTAKER (Addrass) 10. UNDERTAKER (Addrass) 11. OF FILED (Addrass)		(citation country)	What tast confirmad diegnosis? X-Noy-oppoles Was there en autopsy?
Accident, suicide, or homicide? Dete of Injury	WI eful	15. MAIDEN NAME Wagy Shaule -	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVEL Place Tage v Stown. Used 19. UNDERTAKER (Addrass) (Addrass) (Addrass) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Speci		5 16. BIRTHPLACE (city or town) Cleus ville	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT J. (Addrass) + 6 (Price of Injury) 18. BURIAL, CREMATION, OR REMOVAL Place of Injury Natura of Injury Natura of Injury 19. UNDERTAKER 19. 18. Cofficient Stown Code of Injury Natura of Injury Natura of Injury (Addrass) 19. UNDERTAKER (Addrass) + 6 of Stown Code of Injury Injury in environment of Injury	INI be sA7	(State or country)	Where did injury occur?(Specify city or town, county and State)
Place To qevs from the Date Authority 1931. 19. UNDERTAKER 9 18 Ca f Shows the Control of the C			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place To qevs from the Date Authority 1931. 19. UNDERTAKER 9 18 Ca f Shows the Control of the C	P P OF		Manage of Indian
19. OFFILED. (Addrass) Hager Stown. Leed If so, specify (Signad) (Signad) (Signad) (Address) Augustin M. D. Registrar. (Address) 7. Why h. Hagers M. D.	1 1 三 二 四 元	Place tage vstoum. led Date Jacry 1/ 1937	
19. OFFILED. (Addrass) Hager Stown. Leed If so, specify (Signad) (Signad) (Signad) (Address) Augustin M. D. Registrar. (Address) 7. Why h. Hagers M. D.	A U.S.	A 15 Ca Fithmake	
20. FILED (- 6 - 1937 Blest Boreau (Signad) (Signad) Hayanton M. D. Registrar. (Address 7 WW y D. Hayanton M. D.	HOBIT		KI MY THE
Registrar. (Address) / Why D Nagentin MI,	w m	20 5UED / - 16= 1037 Bles HBox 1200	7 - 3011110
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	BY Find		(Address 7 Mby to Hayentro M.
	1- Aus 4-	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	,
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual population E V E V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		
County Washington	Registration Dist. No. 30	2
Village or City Kazastown	No. 660 Oak Kill and	5 Ward
01	If death occurred in a hospital or institution, give its NAME instead of street and nu isds. How long in U.S. If of foreign birth?yrsmos.	
2. FULL NAME Chas & Shenk		
(a) Residence: No. 6 6 0 Dak Ziill On (Usual place of abode)	St, S Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 7	193_7
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Mand S. Shink	Dec. 18, 136 to Jan. 7	eceasad from
7. 1.11.11.	I last saw h 244 alive on 2 au: 16, 1937:	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.0 Am.	
68 10 23 1 day,hrs		Dats of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc.	Ohrone Myscordilis	1921
SAWYER, BOOKKEEPER, etc.	Donadoutia	Finds.
work was done, as SILK MILL, Musice Stoce	buck of the second	1000
kind of work done, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, Music Store 10. Date deceased last worked at this occupation month and year) 1735 11. Total tima (years) spent In this occupation.		
description	Other Contributory Causes of importance:	114 00
12. BIRTHPLACE (city or town) (State or country)	Co co way / justinoins	18
14. BIRTHPLACE (city or town). Lungy	Name of operation	
(State of country)	What test confirmed diagnosis?	lopsy? Ko
15. MAIDEN NAME Vinginia alther 16. BIRTHPLACE (city or town) Linging (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
[16. BIRTHPLACE (city or town) desiring	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State))
17. INFORMANT Musa Vinginia Shink (Address) 10 g gentlown Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Hagustom Ind Date yan 9 , 1931	Nature of Injury	
19. UNDERTAKER Scott 7 Minnel & Sor	24. Was diseasa or injury in any way related to occupation of deceased?	0
(Address) Wagnestown Md.	If so, specify	
20. FILED 1 - 8 - 1937 What However	(Signed) War Noyer Storing, Manyl	and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting V. S. No. 1.

V. S. No. 1

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Example I	H	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
damoono		12	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 876
1. PLACE OF DEATH	(20b-m)
county Washington County	
Village or City Smiths burg	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	desired occurred the a nospital of institution, give its NAIVE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	hepley If U. S. Veteran, specify WAR
(a) Residence: No. Muers ville M	d/st., / Ward. I wad
/ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
73.116	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Catherine L. Shepley	, 19, 10, 19
6. DATE OF BIRTH (month, day, and year) Jan. 20. 1913	I last saw h alive on 1934; death is said
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticular	were as follows:
SAWYER, BOOKKEEPER, etc. Laborer	acadent augho
9 Industry or business in which	Juning Can will Morning
work wes done, as SILK MILL, Road Construction	line factor of ansered
- I Spellt til till?	and brokens no what contours
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Y 4CYS VIIICA Xd. (State or country)	padise / leg
# 13. NAME G. Upton Shepley	
Ε	
4. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Hattie V. Wachtel	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) / 4 C.T.S. V. 11e,	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT G. Upton Shepley	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) /x/yersville /x/d	Oullie strut
18. BURIAL, CREMATION, OR REMOVAL Place U. B. Cemetery, Myersynt Bote Jan 23, 1937	Manner of Injury
Place U. B. Lemetery, Myersyn Date Jan 23, 1937	Neture of injury
19. UNDERTAKER Gladhill Gw	24. Was disease or injury in any way releted to occupation of deceased?
(Address) M. doletoma M.d.	If so, specify
20. FILED filled, 190 1 See Registrar.	(Signed) (Address) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	18 Table 16 Table 18
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 877
1. PLACE OF DEATH	(108)
County Washington	Registration Dist. No. 30
Village or City Hageiston	No. Washington County Hospitabt., 3 Wa death occurred in a hospitator institution, give its NAME indead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME ned S. Smith	If U. S. Veteran, specify WAR
(a) Residence: No. 138 n. Mulberry	St. H Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Married (write they word) Male While Married (write they word)	21. DATE OF DEATH 17 193 (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Smith	22. 1 HEREBY CERTIFY, That I attended deceased to 13 1937, to 19
5. DATE OF BIRTH (month, day, and year) Oct 16 1993	Alast saw h 1 34 alive on Jan 17 3 , 19 37; death is
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3.20 Pm.
43 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of the last o
kind of work done, as SPINNER, Painter SAWYER, BOOKKEEPER, etc.	rood Munisma : Jan 1.
9. Industry or business In which work was done, as SILK BU Respecte Liga Co Une SAW MILL, BANK, etc. D. Respecte Liga Co Une	Type III
kind of work done, as SPINNER, Painter SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILKBU SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (months and	
10. Data deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this 4 year) 1937	
12. BIRTHPLACE (city or town) Hagewotown	Other Contributary Canses of importance:
(Stata or country) md	
13. NAME andrew smith	, , , , , , , , , , , , , , , , , , , ,
13. NAME andrew single 14. BIRTHPLACE (city or town) Hagerstony (State or country)	Name of operation Date of
(otate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Daisy tale 16. BIRTHPLACE (city or town) Ha gers town	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Hagers lown	Accident, suicide, or homicide?, 19
(Stata or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ma Sally Smith (Address) Work Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place York Pa Date Jun 20, 1937	Manner of injury
19. UNDERTAKER Stoot & Minnight	Was diseasa or injury in any way related to occupation of deceased?
20. FILED (-19-, 1937 Letters A Bourse	(Signed) July MShimon (Address) Angel Steren Hill
	2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Vely 5, 1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(47)
county Washington	Registration Dist. No. 382
Village or City	No. 1 lando Co. Vtorfu st. 3 Ward
Hagerilour 1	death occurred in a hospital or institution, give its NAME instead of street and number)
0. 20.0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Day My Manna Day	Lacardf U. S. Veteran, specify WAR
(a) Residence: No. Cheurs July was	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Feedle While OR DIVORCED (weighte word)	Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Con 33	1982 to 1982
C DATE OF BIBTH (mostly day and was) NIN 10 -1918.	Vlast saw h. 22 alive on
6. DATE OF BIRTH (month, day, and year) 1 1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2	to have occurred on the date stated above, at
1 (5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were a follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decaased last worked at this operupation (month and	Januarethe de Ot 100 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	o reg sange gentlement fame it
SAW MILL, BANK, etc	
this occupation (month and -43) spent in this occupation occupation	
0 0 0 0 0 0 0 0 0 0 0 0	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	Duelray & forces
10000	following Granteraw
E ///(c c/c :)-04	Name of operation a service a Date of Long / S
14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Was there in autopsy?
E 15. MAIDEN NAME (1 M) Q C C C C C C C C C C C C C C C C C C	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME () NA O hm - 16. BIRTHPLACE (city or town) Y (ash: ms. ton	Accident, suicide, or homicide?Oate of injury19
(State or country)	Where did injury occur?
17 INFORMANT Carl B. Spessard	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chous ville hed	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place TOUM Date	Nature of injury
19. UNDERTAKER 7. 17. COXX moder.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagey Stown, Red.	If so, specify
20. FILEO 1-18-, 1937 Collas 1773 oures	(Signed) M. O
Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II				
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Chronic interstition nephritis	1921	Run over by street ear	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
FEB 8 1937						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH County Wilage or City Alo GCVS Town Village or City Alo GCVS Town Village or City Alo GCVS Town No. 2.1 E. 2. Ward Length of residence in city or town where death occurred of the county of the work of the county of the county of the work of the county of the work of the county of the work of the county of the county of the work of the county of the work of the county of the county of the work of the county o		STATE OF MARYLAND—	CERTIFICATE OF DEATH
County May he had to make death occurred. Village or City. Had govs to un. No. 21 E 22 S. Ward Length of residence in city or town where death occurred. Yrs. mos. ds. How long in U.S. It of foreign birth? yrs. mos. ds. How long in U.S. It of foreign birth? Yrs. Ward. Had come in the word. It notes that wards were the word. Date of BIRTH (month, day, and year) Yrs. 11. DATE OF DEATH 12. DATE OF DEATH 13. 7. (cell in 18 said to have occurred on the date styled above, at		1. PLACE OF DEATH	9340
Langth of residence in city or town where death occurred Langth of residence in city or town where death occurred Langth of residence in city or town where death occurred Langth of residence in city or town where death occurred Langth of residence in city or town where death occurred Langth of residence in city or town and survey. Langth of residence in city or town and s		county Washington	Registration Dist. No. 202
Langth of residence in city or town where death occurred		Village or City Hagers town,	
(a) Residence: No. 2 Cual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX			
(a) Residence: No		011	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARKIED, WILOWED, OR DIVORGED (whire the world) COLOR OF RACE S. SINCLE, MARKIED, WILOWED, OR DIVORGED (whire the world) DR. DIVORGED (whire the world) 21. DATE OF DEATH 22. I HE REBY CERTIFY. That I attended deceased from 1947, to 1947, to 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, death is said to have occurred on the date streed above, at 1947, dea			
Sa. If marriad, widowed, or divorced for) Wife of Woses. S. DATE OF BIRTH (month, day, and year) Was 1855 T. AGE Years Months Days If LESS than 1 day, hers. S. Trade, profession, or particular SAWYER, BOOKKEEPER, atc., hers. S. Wife BOOKKEEPER, atc., hers. or with sociopation of Months occupation of the date spread above, at. 9. A.m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance as follows: SAWYER, BOOKKEEPER, atc., here were serviced on the date spread above, at. 9. A.m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance as follows: SAWYER, BOOKKEEPER, atc., here were serviced on the date spread above, at. 9. A.m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance as follows: SAWYER, BOOKKEEPER, atc., here were serviced on the date spread above, at. 9. A.m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance as follows: SAWYER, BOOKKEEPER, atc., here were serviced on the date spread above, at. 9. A.m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance as follows: Was the west of importance: 19.31. A. Manuel VII. Causas of importance: 12. BIRTHPLACE (city or town). A. X.Y.Y. V. V. I.C. (State or country) 13. NAMEL VII. Causas of importance: 14. BIRTHPLACE (city or town). A. X.Y.Y. V. V. I.C. (State or country) 15. MAIOEN NAMEN A Y 9. A. D. A.			
HUSBAND OF OCT WHEE OF ON OSE S. 8. DATE OF BIRTH (month, day, and year) 1		Terrale unite Di do (w'ite the word)	Jany 12 1937
6. DATE OF BIRTH (month, day, and year) 1 8 - 18 5		HUSBANO of	
8. Trade, profession, or particular min. Not the profession of particular min of work done, as \$18 MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as \$18 MILL, SAW MILL, BANK, etc. 10. 10. des deceased last worked at this occupation (month and spann) and the profession occupation (month and spann) and the profession occupation (month and spann) and the profession occupation occupation (month and spann) and the profession occupation occupation occupation (month and spann) and the profession occupation of deceased? No occupation occupation of deceased? No occupation occupation of deceased? No occupation occupation of deceased? No occupation occupation of deceased? No occupation occupation occupation occupation occupation of deceased? No occupation		6. DATE OF BIRTH (month, day, and year) 17 28 - 1855 -	
8. Trade, profession, or particular kind of work done, as SPINNERH trusourod? 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decasad last worked at this occupation (month and year) spant in this occupation (month and year) in the control occupation (state or country) 12. BIRTHPLACE (city or town) Dexyy ville 13. NAME Vill; cau A C' Farrell 14. BIRTHPLACE (city or town) Dexyy ville 15. MAIGEN NAKE) Or yearst Kernetra 16. BIRTHPLACE (city or town) Dexyy ville 16. BIRTHPLACE (city or town) Dexyy ville 17. INFORMANT Discussion of the country of the country of the following: 18. BURIAL CREMATION, OR REMOVAL Place Dexyy ville Value Date Jaury 14, 19. 37. Natura of injury 19. UNOERTAKER A CSS man 24. Was diseasa or injury in any way related to occupation of deceased? No		. /1 = 1 day bea	
Sawyer, BookKeferer, ste Saw Mill, Bank, etc		ormin.	ware as follows:
Other Coatribatory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME/V/II : QUIL A. C.	1	8. Trade, profession, or particular kind of work dona, as SPINNER	myocardial degeneration 1931
Other Coatribatory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME/V/II : QUIL A. C.	4	9. Industry or business in which	a tonial of
Other Coatribatory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME/V/II : QUIL A. C.	Da	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Derry ville (State or country) 14. BIRTHPLACE (city or town) Derry ville (State or country) 15. MAIOEN NAME) Gragares Kernetord 16. BIRTHPLACE (city or town) Derry ville (State or country) 17. INFORMANT Derry ville (State or country) 18. BURIAL, CREMATION, OR/REMOVAL Place Derry ville (Addrass) Has Crestown ville (Specify city or town, country and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Netura of Injury Netura of Injury Netura of Injury 19. UNDERTAKER From ville ville of cocupation of deceased? No		this occupation (month and spant in this years)	
(State or country) (State or country) (State or country) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAMEN Q. Y Q Q ref. Kenneford 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Netered did Injury occur? (Specify city or town, country and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Netura of Injury Netura of Injury Netura of Injury 19. UNOERTAKER 24. Was diseasa or injury in any way related to occupation of deceased? NO.		D	Other Coatribatory Causes of importance:
14. BIRTHPLACE (city or town). State or country) 15. MAIOEN NAME Of Y99 ref Kenneford 16. BIRTHPLACE (city or town). 17. INFORMANT Lizabella Luce (Addrass) Habrer of Ystown. 18. BURIAL, CREMATION, OR/REMOVAL Place Lexy Uille Va. Oate Jaury 14, 19. 37. 19. UNOERTAKER J. J. Coff man. Name of operation. What test confirmed diagnosis? Was there an autopsy? No. What test confirmed diagnosis? Was there an autopsy? No. What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of Injury. Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury. Netura of Injury. 19. UNOERTAKER J. J. Coff man. 24. Was disease or injury in any way related to occupation of deceased? No.	77		
What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Obecify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Obecify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Netura of Injury 19. UNOERTAKER T. COSS man. 24. Was disease or injury in any way related to occupation of deceased? No.	11011	13. NAME / Villiam A. C' Farrell	
What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Obecify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Obecify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Netura of Injury Netura of Injury 19. UNOERTAKER T. COSS man 24. Was disease or injury in any way related to occupation of deceased? No.		14. BIRTHPLACE (city or town)	Name of operation
Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT Eliza Stown Teed 18. BURIAL, CREMATION, OR/REMOVAL Place Exyguille Va. Oate Jaury 14, 19. 37. Netura of Injury. 19. UNOERTAKER F. T. Coff man. 24. Was disease or Injury in any way related to occupation of deceased? No.	2	(State of country) Melalia	What test confirmed diagnosis? Was there an autopsy? M o
Where did Injury occur? (Specify city or town, county and State) 17. INFORMANT Eliza Stown Teed 18. BURIAL, CREMATION, OR/REMOVAL Place Exyguille Va. Oate Jaury 14, 19. 37. Netura of Injury. 19. UNOERTAKER F. T. Coff man. 24. Was disease or Injury in any way related to occupation of deceased? No.		15. MAIOEN NAMEY) a rgaret Kennetora	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT []: 2 a hell Luce (Addrass) Hab Cystown. Teed 18. BURIAL, CREMATION, OR/REMOVAL Place Lexy Uille Va. Oate Jaury 14, 19. 37. Netura of Injury. 19. UNOERTAKER J. J. Coff man. 24. Was disease or injury in any way related to occupation of deceased? No.	100	16. BIRTHPLACE (city or town) DLXYY U. 11e	
(Addrass) Had Crstown Ted 18. BURIAL, CREMATION, OR/REMOVAL Place Le rry Uille Va. Oate Jaury 14, 19. 37 Netura of Injury. 19. UNDERTAKER J. Coff man. 24. Was disease or Injury in any way related to occupation of deceased? No.		61:- 6-11	(Specify city or town, county and State)
Place Le xxy ville. Va. Oate Jaury 14, 19. 37. Netura of Injury 19. UNOERTAKER F. T. Coff man. 24. Was disease or Injury In any way related to occupation of deceased? No	-		Specify whather injury occurred in INOUSTRY, in HOME, OF IN PUBLIC PLACE.
19. UNOERTAKER J. Coff man 24. Was disease or injury in any way related to occupation of deceased? No		18. BURIAL, CREMATION, OR/REMOVAL	Manner of injury
and the state of t		Place De xxy Ville Vu Oate Jung 19, 19 31	Netura of Injury.
			24. Was diseasa or injury In any way related to occupation of deceased?
		(Address) Hagarotoun, Tuck	40 - 11-11
20. FILEO L 3 19.37 Mary Traces (Signed) Long Charles M. D. Registrar. (Address) L. S. T. W. S. C. St.			1 - 1 - 1 - 1 -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage FEB 8 1931	July 5,1927	Peritonitis	3 days ago			
BUBEAU						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
		<u> </u>				

item of infor-

			Wool	inatan		74	
			Hagers1	own or a	,	Registration Dist. No.	
	Village or	City				No. St., St., F death occurred in a hospital or institution, give its NAME instead of street and no	
						ds. How long in U.S. if of foreign birth?yrsmos	
2.			nald E	Stine.	Jr. nia Ave.	If U. S. Veteran, specify WAR.	
	(a) Reside	nce: No		(Usual place		St., Ward. If nonresident give city or town and S	
	PERSOI	VAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Male		n or race hite		RIED, WIDOWED, D (write-the word) 111816	21. DATE OF DEATH Jan 5 (Month) (Day)	
5e. i	f married, wido HUSBAND of (or) WIFE of	wed, or divo	rced			22. HEREBY CERTIFY That I attended d	
6 D	ATE OF BIRTH	(month des	and veer)	Dec 15,	1937	Hest saws un alive on Lan 5 1937.	
7. A		ars	Months	Oays	If LESS then	to heve occurred on the date stated above, etm.	
				21	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importanco were as follows:	
N	2 Trade profession or particular						
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					// Menning - Dronchial :		
CUPA	Work W	es done, as S LL, BANK, e	SILK MILL,			J	
Ö		upation (moi	nth and	spe	ime (years) ntin this upetion		
	year) _		Hager		upetion	Other Contributory Causes of importance:	
12.	(Stete or co			land	~~~~~	-	
ER	13. NAME	I	onald:	E. Stine			
I I		E (city or to	Waynes	boro, Pa		Name of operation Date of Date of	
2			ed Le	Fevere		What test confirmed diegnosis? Was there an at 23. If death was due to externel causes (VIOL ENCE) fill In also the following:	
OTH				erstown	Md.	Accident, suicide, or homicide? Dete of injury	
×	(Stete	r country)				Where did Injury occur?	
17.	INFORMANT		nald E.			(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
18.	BURIAL CREMA	TION, OR R			n. 6 ₁₉ 37	Manner of injury	
	UNOERTAKER _		Fred W	. Kraiss	3	24. Wes disease or Injury in any wey related to occupation of deceesed?	

____yrs._____ds.

That I attended deceased from 5,1932

alive on
d on the date stated above, et
L CAUSE OF DEATH and releted causes of Importance
Date of enset
Α
monea - Bronchiel : Jun 1/39
ery Causes of importance:

lon Date of
,
med diegnosis? Was there an au'opsy?
due to externel causes (ViOL ENCE) fill In aiso the following:
e, or homicide?
y occur?(Specify city or town, county and State)
r injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
γ
J
1
or Injury in any wey related to occupation of deceesed?
74-12
M.D.
dress) Jagusslasse
treet, Baltimore, Requesting U. S. No. 1.
and a second at the second sec

Registrar.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
27 Perilonitis	3 days ago
Other contributory causes of importance: 23 Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	гн			(94)		
County_	Yashi	ngton			Registration Dist. No. 302		
Village o	r City Ha	lfway					
Length of residence in city or town where death occurred 18 yrs mos					No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s		
					St. Ward.		
(a) Resid	Jence: No		Sner AV (Usual place	of abode)	If nonresident give city or town and State		
	DNAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
Male		ite	S. SINGLE, MARI OR DIVORCE MATTIE	RIED. WIDOWED, Cwrite the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, wi HUSBAND o (or) WIFE o	1	ced lva Bea	chley		22. I HEREBY CERTIFY, That I attended deceased from 1924, to 1927		
6. DATE OF BIRT	H (month, day	, and year)	c.8.187	1	I last saw h was alive on Jan 10 ,1937; death is said		
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.		
65	55	1	2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trade, profession, or perticular kind of work done, as SPINNER is a to hman SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLO roan Horks SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation (month and spent in this occupation the spent in this occupation (month and spent in this occupation (mon					arterior lesons 1/10/27		
year)	eased last work	ked at oth and mber, 19	11. Total ti spar occu		Other Cautributery Causes of Importance:		
12. BIRTHPLACE (State or o		Harmony					
H 13. NAMED	avid S	ummers					
A 14. BIRTHPL	ACE (city or to	Marylan	chhill d		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
当. MAIDEN	NAME Ma	ry Cath	rine Sc	hieldkne			
		wm) Churc Marylan			Accident, suicide, or homicide?		
17. INFORMANT Mrs. Elmer Longnecker (Address) Smithsburg, Maryland.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL ROSE HILL Cem. Date Jan. 12 ,1937					Manner of injury		
19. UNDERTAKER & dille V. Leaf (Address) 7 Church 3t, Williamsport, Md					24. Was disease or injury in any way related to occupation of deceased?		
20. FILED /	12-,1	937	reasfin	Registrar.	(Signed) Address) 186 W. Washington 11.		

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
Chromia interestitical manhatitie	1910	Run over by street car	1 week ago		
			1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
SUNTAU V. S.					
Other contributory causes of importance:	ð	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	HYSICIAN
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STATE	OF	MARYI	AND-	CERT	IFICAT	E OF	DEATH
JIAIL		IAIVIVI P	AIND	CLIVI			DEATH

STATE OF MARKIEARD	DERTH TORTE OF DERTH	
1. PLACE OF DEATH	(19)	
County Washington	Registration Dist. No.	
Village or City Llathoneanton md	NoSt.,	Ward
11	death occurred in a horpital or institution, give its NAME instead of street and nu	
2. FULL NAME John Journal		
(a) Residence: No. Oil Shura with war (Usual place of abode)	St., Ward. If nonresident give city or town and S	itale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Maked	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WHE or many Etta Sweetzer	1 HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year) Nov. 9- 1862	I last saw h Malive on 1/9 1937:	death is said
7. AGE Months Days If LESS than	to have occurred on the date stated above, at 11-P.m.	
74 2 - 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	plant of the	9
SAWYER, BOOKKEEPER, etc.	The second of the second	
work was done, as SILK MILL, SAW MILL, BANK, etc	1 1h 1 2 miles	1/2/25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. IO. Date deceased last worked at this occupation (month and year) occupation	- A) Carriga	-4.0/21.
12. BIRTHPLACE (city or town) Spellman's Station (Stata or country)	Other Contributory Causes of Importance:	
II 13. NAME A Plane Sugitar		
14. BIRTHPLACE (city or town) Unknind	Name of operation Date of	
(Stata of Councily)	What test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME Ratio Bussard 16. BIRTHPLACE (city or town) Sharpelling	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Sharpahlus	Accident, suicide, or homicide? Date of injury	, 19
E (State or country) md	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs. Mary Etta Sweetzer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Bakaville Date Jan 12, 1997	Nature of injury	
19. UNDERTAKER C. L. Duman y 60 (Address) Keedyarille, md	24. Was disease or injury in any way related to occupation of dacassed? If so, specify	no
20. FILED FALLS 11 , 1937 Holl He accept	(Signed) Walter H. Therefore Jan Jan	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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	The state of the s		
STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

	CE OF DI				(FS) 2 A /
	,	Vashingtor			Registration Dist. No. 3
		Williams A		(II	No. St., We death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FUL	L NAME	William	A. Tead	ch	If U. S. Veteran, specify WAR
(a)	Residence: N	o. Williams	Sport, I		St., Ward. If nonresident give city or town and State
PE	RSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male		OLOR OR RACE White		RIED. WIDOWED. D (write the word) Led	21. DATE OF DEATH January 7, 1937 (Month) (Day) (Yeer)
e. If marrie HUSB/ (or) W	ed, widowed, or AND of IFE of]	divorced Loretta Te	each		22. I HEREBY CERTIFY That I attended deceased for July 5 1936 to July 7 193
DATE OF	F RIRTH (month	, day, and yeer) Fel	oy. 19.	1885	Hestsawhien alive on Jan 7, 1937; death is s
. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, a Midnight
	51	10	19	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance Pere as follows: Date, ol on
CR Tre	SAWYER, BOOK	one, as SPINNER, (KEEPER, etc]	Laborer		Cardiovasculo renal Disease 7/5/36.
0		, as SILK MILL, NK, etc		<i>p</i>	Carebral Thromboses Monoplesia 1/7/
10. Dat	te deceased last this occupation year)	(month and	spa	ime (years) nt I n this upation	
	PLACE (city or to	wn) Washing	gton Con	nty	Other Contributary Causes of Importance:
13. NA	ме Јасс	b Teach			
13. NA	THPLACE (city (State or count	or town) Washix	agton C	unty	Neme of operation Dete of Was there an autopsy?
15. MA	IDEN NAME	Mary K. I	Bear		23. If death was due to external causes (VIOL ENCE) fill in also the Ioliowing:
15. MA 16. BIR	RTHPLACE (city (State or count	or town) Wash	ington (County	Accident, suicide, or homicide?
		Loretta			Where did injury occur? (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	, CREMATION,		Janua 9		Menner ol injury
Plac	ceWillia	emsport, 1	Modele Jan.	10,,19.37	Nature of Injury
		ler-Rowlar Learsprin		ral Home	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED	0000	Pe. 1937 La.	ZR	chard.	(Signed) Trank of Shipp (Address) 109/2/ Notoma St. Waserstown

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Example F. VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

B.—WRITE PLA

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF				98-3	0 >
County	Washington] !-!***********************************		Registration Dist. No. 3	02
Village or C	ity Hagersto	own		No. 109 S. Locust Street St.	3 Ward
Langth of raci	dence in sity or town where	3	O	death occurred in a horpital or institution, give its NAME instead of street atds. How long In U.S. If of foreign birth?yrs	id number)
				yrsyrsyrsyrs	_mosas.
	ME Cora Ma			If U. S. Veteran, specify WAR	
(a) Residen	ce: No. 109 S.			St., 2 Ward. If nonresident give city or town a	10.
PERSON	AL AND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
Female	White/		E (purite the word)	January 7, (Month) (Day)	, 193.7 • (Year)
5a. If married, widow HUSBAND of (or) WIFE of		Trovinge	r	22. Jan 1 HEREBY CERTIFY, That I attend	
6 DATE OF RIPTU	month, dey, end yeer) Ja	n. 20.	1872	Hast saw h an alive on fact 7 19	
7. AGE Yee	rs Months	Deys	If LESS then	to have occurred on the dete steted above, et : 10P m.	-,-,
	64 11	18	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profes	ssion, or perticuler work done, es SPINNER,	Dooleles		myocarditis chr.	
SAWYER,	DUUNNEEPER, etc	Bookkee		achte delitation Heart	117/3
Note decease Note this occur	business In which s done, as SILK MILL, L, BANK, etc	Lectric	Store		
10. Dete decease	ed last worked et	11. Totel	time (years) *		
	petion (month end	spe	ent in this upation		
12 DIDTUDI ACE (aid	y or town) Frede	cick Cou	ntv	Other Contributory Causes of importence:	
(State or cour	ntry)	rginia	77.7.		
13. NAME W	illiam H. I	unkhous	er		
- Transition	(city or town) Fred	lerick C	ounty	Neme of operation Dete o	
(State or	country) V11	ginia		What test confirmed diegnosis? Wes there	
15. MAIDEN NA	ME Alice Be	eeler	2011-34-111	23. If death was due to external causes (VIDL ENCE) fill in elso the follow	
15. MAIDEN NA	(city or town) Hage	stown		Accident, suicide, or homicide? Dete of Injury	
₹ (Stete or	country) ME	ryland		Where did Injury occur?	
	Elmer D. Ti	rowinger		(Specify city or town, county and Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC	State)
	Hagerstown			open, making many cooling in the country in the man, of the popular	TENOL.
18. BURIAL, CREMAT	ION, OR REMDVAL		11/	Menner of Injury	
Place Hag	erstown, Mo	1. Date Jan	, 19 37	Neture of injury	
	Fred W. H	Craiss.		24. Wes disease or injury in eny wey related to occupetion of deceesed?	
19. UNDERTAKER (Address)	Hagerstov			If so, specify	1
1-0		MASL	43-101	(Signed) N. L. Gorlerfield	MD
20. FILED	193/1	way	Registrar,	(Address) 1.36 W. Washing	ton H

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis R = 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 558	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W. M.			
Other contributory causes of importance:	Winds.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1
1

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

ARGIN RESERVED FOR BINDING

V. S. No. 1

OTATE OF	BEEN DAZE	AND—CERTIFICATE OF DEATH
SIAIL	MADVI	
JIMILUI	MANIE	AND CENTILICATE OF DEATH

885

1. PLACE OF DEA				942	2 >
County Was				Registration Dist. No.	
Village or City	Hag	erstow	n,Md.	No. Cox Sugleward PATS horward. St., death occurred in a horbital or institution, give its NAME instead of street and n	Ward
Length of residence In ci	ty or town where de	nth occurred		ds. How long in U.S. If of foreign birth?yrsmo	
2. FULL NAME	Bava	rd B.	Turner	If U. S. Veteran, specify WAR	
(a) Residence: No.		ood Av		St., Ward.	
		(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
Male	White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) TRIED	21. DATE OF DEATH Jan. 11 (Month) (Day)	193 7 (Yeer)
a. If married, widowed, or divo				22. I HEREBY CERTIFY, That I attended of	lananad from
(or) wife of - Ma	ry Turne	Г			
S. DATE OF BIRTH (month, day	v. and year) .Ta	n. 4,1	897	i last saw h alive on, 19	
. AGE Years	Months	Days	If LESS than	to have occurred on the dete steted above, et _6:30Pm.	
40	0	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trade, profession, or pr	articular				Date of onse
SAWYER, BOOKKEE	as SPINNER, PER, etc	L	abor		
kind of work done, SAWYER, BOOKKEE Work was done, as SAW MILL, BANK, Old Date deceased last work this occuration (may be seen as the second second seen as the second seen as the second second second seen as the second secon	SILK MILL.			Coronary Thrombon	
10. Date deceased last wor this occupation (mo year)	nth end	Sp3	time (years) ent in this supation	1	
2 PIDTUDI ACE (silver town)		Willia	msport.	Other Coutributory Causes of Importance:	
2. BIRTHPLACE (city or town) (State or country)	Md	•		ta daterman Compa	-1
13. NAME Joh	n D. Tur	ner			
14. BIRTHPLACE (city or to	wn) Va.			Name of operation Date of	
(State of country)				What test confirmed diagnosis? Was there an e	u¹opsy?
15. MAIDEN NAME	Margar	et Lom	an	23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	ewn)	Md.		Accident, suicide, or homicide? Date of Injury	
(State or country)				Where did injury occur?	3
7. INFORMANT M (Address) Ingl	ary Turr ewood Av			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
8. BURIAL, CREMATION, OR F		Terra	74 75	Menner of Injury	
Place Hagers	Lown, Md.	Date Jan	1901	Nature of injury	
9. UNDERTAKER Fr (Address) Hag	ed W. Kr			24. Was disease or injury in any way related to occupation of deceased?	
20 5450 /- /4-	1037/10/2	ast.	Bruce	(Signed) AMUD. Dr	22
U. FILED	13.4. #. 74		Registrar.	(Address) actura coros	ner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the doceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 8 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			:
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of paset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	<u> </u>	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	FEB 8 19:	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OF ISTANT V	July 5, 1927	Peritonitis	3 days ago
	0,1,21	- A VERTA DE LA CONTRACTION DE		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B

((3	000	
3	7	2	

1. PLACE OF DEATH	1	<u>a</u>	3	net
County / Yash	mylon	54	Registration Dist. No.	07
Village Dr City	nefoct	ND.	St.,	Ward
Length of residence in city or town where o	leath occurredwrsmos	ds. How iong in U.S. if of	foreign birth?yrs	_mosds.
2. FULL NAME	pharton	If U. S. Veteran, s	pecify WAR	
(a) Residence: No.	(Usual place of style)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	anuly 30 (Month) (Day)	, 193 7 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of		1 HEREBY	CERTIFM, That I attend	led deceased from
6. DATE OF BIRTH (month, day, and year)	m 30 193)	I fast saw he alive on A	till form 19	; death is sald
7. AGE Years Months	Days if LESS than	to have occurred on the date stated	above, at 10 A'.m.	
infant still	I day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causas of importance	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		1	0 15	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Hill	wih	
10. Data deceasad last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) 1. 2. (Stata or country)	higgston Co	Othar Centributary Causes of impor	tance:	
13. NAME / Israel	Dady			
13. NAME 14. BIRTHPLACE (city or town)	mcvcl	Name of operation.	Date o	of
(State or country)	0111		Was thera	
15. MAIDEN NAME Vanes	Marion	23. If death was dua to external caus	ses (VIOLENCE) fili In also the folio	wing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	got of mo	Accident, suicida, or homicide? Where did injury occur?	Date of injury	
17. INFORMANT / MAN	rapy mi	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OF REMOVADA	Date 1 - 3, 1, 1936	Manner of injury		
19. UNDERTAKER (Address)	fers mis	24. Was disease or injury in any was	y related to occupation of decaased?	i Ink
20. FILED - 30. 123216	Placetices Registrar.	(Signed)(Address)	Hancock)	nd Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	· Account	Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

state

of OCCUPApluods

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PL

V. S. No. 1 m. ż

1. PLACE OF DEATH County Cocchinator	79-a Registration Dist. No. 302
Village or City Agestonic Coast Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. Directs. How long in U.S. If of foreign birth?
2. FULL NAME Bufamia alle (a) Residence: No. 2 aylor Par (Vyualplace of abode)	ext Colons. S. Voleren, specify WAR St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	229 I HEREBY CERTIFY That I attended deceased from Jan 3 1937, to Jan 1937
6. DATE OF BIRTH (month, day, and year) Marages lace 4, 191	le last saw h/M allve on Jan 147, 1937; death is said
7. AGE Years Months Days If LESS th	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Meningilis, Greenwococous 1-3-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 11. Total time (years) this occuration (month and	Beckenia Presmoroccus 1-3-37
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Leave Curicle 14. BIRTHPLACE (city or town) Poland	Neme of operation Survey Cline full Date of 1 7 3 What test confirmed diagnosis? Cline Y hat Wes There en au'opsy? In
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place A Torge Par: Date Jamy 7, 19	Manner of Injury
19. UNDERTAKER WW . Bast \$5 or (Address) Bast \$5 or md	24. Was disease or injury in any way related to occupation of deceased? Two if so, specify Nove
20. FILED 1-5 1997 Chart Force	(Signed) W. B. Makes M. D. M. D. (Address) Brown horo, M. D.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows E V E D	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
4				

certificate.

See instructions on back of

TION is very important.

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		95:6
County Washington	ira a	Registration Dist. No. 302
Village or City Hagerstown	(lf	No. 112 Blooms Ave. St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town whera death or	ccurred18yrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Elizabeth V		If U. S. Veteran, specify WAR
(a) Residence: No. 112 Blog		St., 5 Ward.
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Single.	21. DATE OF DEATH Jan 13 193 7
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) (Year) 22. HEREBY CERTIEY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July	y 18, 1918.	1/ast saw h. 43 aliva on 1937, to 1/2 1937, death is seid
7. AGE Years Months 5	Days 26 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:30 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of creek
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nestic servant	were as follows: There are a livarity Date of one of fam. 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		37
10. Dete deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BtRTHPLACE (city or town) Hagers: (State or country) Md.	town	Other Contributory Causes of importance:
II Joseph W:	illiams	
I 13. NAME Joseph W: 14. BIRTHPLACE (city or town) (State or country)	•	Name of operation Date of Was there en autopsy?
5 15. MAIDEN NAME Gertri	ude Temmins.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Gertru 16. BIRTHPLACE (city or town) (State or country)	Va	Accident, suicide, or homicide?
17. INFORMANT Mrs Gertruc (Address) Hagerston	de Williams wn.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemet Date	Jan 15 , 37	Manner of Injury
19. UNDERTAKER Fred W. Kra		24. Was disease or injury in any way related to occupetion of deceased?
20. FILED 1-14-, 1937 Lothan	A Bowers	(Signed) OV. 13. Wilew. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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	Example I		Example II	
The principal cause of importance were	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FED 9 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PAINEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

See instructions on back of certificate.

TION is very important.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

890

1. PLACE OF DEATH	11-0
County Washington	Registration Dist. No. 302
Village or City Ha destour	No. Security St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME KILLY & Williams	asses If U.S. Veteran, specify WAR
(a) Residence: No. Ase curry	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan 26, 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WLEE of Mary &	22. HEREBY CERTIFY. That I attended deceased from
Jar 1 1840	dw. 21, 1937, to Jan 76, 193
6. DATE OF BIRTH (month, day, and year)	I last saw h Access alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8 () 2 (or min.	were as follows: Oata of onset
8. Trade, profession, or particular kind of work done, as SPINNER Papla maker SAWYER, BOOKKEPER, etc. Papla maker	
9 Industry or husiness In which	mxtrevza tan/8
work was done, as SILK MILL stelam Paper Co-	The state of the s
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Cautributary Causes of Importance:
12. BIRTHPLACE (city or town) + agers form	3 1 1
(State or country)	Much pranting Im.
13. NAME William William 14. BIRTHPLACE (city or town)	4
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // CAUCHA	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shiloh Com Oate /28,1937	Nature of injury
for M Suite & S.	24. Was disease or injury/n and way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
1-27- 35 lomest 13 rece	(Signed) M. D
20. FILEO	(Address) Hages from 17

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example-I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFR 9 1927	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 891
1. PLACE OF DEATH	Registration Dist. No. 36 2
	No. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Louisa fant Work (a) Residence: No. // 7 E. Flankling (Usual place of abode)	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193 7
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 5-1853	I lost saw h L. alive on any 14., 1937; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 22m.

1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oate of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent in this occupation 10. Data deceasad last worked at this occupation (month and 12. BIRTHPLACE (cityor town (Stete or country) FATHER Neme of oparation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. MOTHER 15. MAIOEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in aiso the following: Accident, suicida, or homicide?..... 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of Injury Neture of Injury 24. Was disaesa or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed). (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 8 8 1.5.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. should state

County Washington		Registration Dist. No. 306	
		Registration Dist. No.	
Village or City June 19	(If d	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Wa
Length of residence in city or town where death opcurred		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Elizabeth 1.	Wilfe		
(a) Residence: No. (Usual place of	abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKET Humale White Dr. Divorced	(write the word)		37
5a. If marriad, widowad, or divorced		(Month) (Day)	(Year)
HUSBAND of Richard Hamilt	on Wolfe	22. I HEREBY CERTIFY. That I attended deci	eased f
B. DATE OF BIRTH (month, day, and year)	8570	I last saw h alive on 19	eath Is
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at/ 0 30 m.	
79 1 16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
8. Trade, profassion, or particular		Di Di	ate of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		Gartie mollima	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	fe		
Shellf	a (years) in this ation		
12. BIRTHPLACE (city or town)		Othar Contributory Causes of importance:	
(State or country) Montplano.		11/1/1860 16 1897.11	
13. NAME Eli Backdoll.			
14. BIRTHPLACE (city or town) - Mtany land.		Name of operation Date of	
15. MAIDEN NAME Rebecco Co Ale	-	What test confirmed diagnosis? Was there an autop	psy?
25 minute of the contract of t		23. If daath was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Klecca Ealle 16. BIRTHPLACE (city or town) Mary and		Accident, suicide, or homicide? Date of injury	., 19
be O day		Whare did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Switchburg	nud.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Smithling Cem Date Jan		Mannar of injury Nature of injury	
19. UNDERTAKER mad Funeral How (Addisss) Smithline, mid.	~_	24. Was disease or injury in any way related to occupation of daceased?	
Q 2/0 2		If so, specify Lash Catherine	-1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis		of importance were as follows:		
117007 0000007 0000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FER 6 1937	July 5,1927	Peritonitis	3 days ago	
PALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	. PLACE OF	DEATI	н			form of	
	County	Viet in	ashing	con		Registration Dist. No.	2 2
	Village or Ci	ty	Hagers	town	(16	No. St., Adeath occurred in a horpital or institution, give its NAME instead of street and nu	Ward
	Length of resid	lence In city	or town where de	ath occurred		ds. How long In U.S. if of foreign birth?yrsmos	
2	. FULL NAM	ME	yonne Ma	xino Yea	tes	If U. S. Veteran, specify WAR	•••••
	(a) Residence	e: No	839 Ma	ryland	Ave	St., Ward.	St. to
	PERSON	AL AND	STATISTIC	(Usual place		MEDICAL CERTIFICATE OF DEATH	nate
3. 3	SEX	4. COLOR	OR RACE		RfED, WIDOWED, O (write tha word)	21. DATE OF DEATH Jan. 22,	7
	emale		White	Si	ngle	(Month) (Oay)	(Yaar)
5a.	If merried, widowe HUSBANO of (or) WIFE of	ed, or divorce	ed			22. HEREBY CERTIENT. Thet I attended of	
6	DATE OF BIRTH (1	month day	and year)	March	15,1936	1 / st saw h l aliva on 2 2 19 3 7	
-	AGE Yaar	A	Months	Days	If LESS than	to have occurred on the dete stated above, at 6/2 30 pm.	
			10	7	1 day,hrs.	the PRINCIPAL CAUSE OF BEATH and related causes of importance were as follows:	Oate of onset
NO	8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.						AL.X
OCCUPATION	9. Industry or b	9. Industry or business In which				7 Oronchy Dummous	11110
COL	work was dona, as SILK MILL, SAW MILL, BANK, atc				ms (vaare)	Y	
ŏ	this occup	ation (mont	h and	Sp91	nt in this		
12	BIRTHPLACE (city	v or town)	F	ranklir	Co.,Pa.	Other Cantributory Causes of Importance:	Could
_	(State or coun			77		Acute Mya candelis	Kund
HER	13. NAME	Jon	eller l	180 (200		()	
13. NAME 14. BIRTHPLACE (city or town) (State or country) Franklin Co., Pa.						Name of operation	u'opsy? WD
HER	15. MAIOEN NAM	ME	Margare	t Clops	sacle	23. If death was due to axternal causes (VIOLENCE) fill In elso the following	
MOTHER	16. BIRTHPLACE (Stata or		n)P	a		Accident, sulcide, or homicide? Dete of injury Where did injury occur?	1
17.	. INFORMANT (Address)		er Yeat Marvlan			(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
18	BURIAL, CREMAT	ION, OR RE	MOVAL	Oate Jan	.24, ,19 37	Manner of Injury	
19	. UNOERTAKER		ed W. K			24. Was disease or injury in any way related to occupation of deceased?	u d
20	FILED 1-9	13 ,19	37. Jah	ost 2	owen	(Signad) Sundle	M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year